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Maine Medical Association meets at Portland, June, 1918

THE JOURNAL

OF



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

VOL. VIII, No. 1

AUGUST, 1917.

\$2.00 per year

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VOL. VIII.

AUGUST, 1917.

No. 1

* PRESIDENT'S ADDRESS.

By W. F. HART, M. D., Camden.

Members of the Maine Medical Association :

At this time, when this great, unholy and German-inspired war has come to our very door, when the god of war is demanding for sacrifice our strong young men and the best of our profession, it would seem fitting to address you concerning a subject intimately associated with the supreme thought of the hour; but not being sufficiently versed in military matters to speak intelligently on that question I am going to call your attention to a few subjects possibly less urgent, but, nevertheless, of vital importance.

Social unrest and a desire to work reforms through law have occasioned the enactment of some laws in which both as citizens and physicians we are interested, and are bringing other questions into the foreground that we must consider.

Our Committee on Public Policy and Legislation never had more important work than now. Some bills presented before our legislative body are of great importance to the medical profession, and it is only by constant watchfulness and much work on the part of this committee that our interests are protected. Again the past winter was the Osteopathic Registration Bill presented, and, in spite of the legal talent working for it, was turned down. A compromise or substitute bill was formulated, but that finally would not be considered by the osteopaths. Now as regards this question we stand where we were a year ago, with the prospect of having to do the same work again.

* Delivered before the Annual Meeting of the Maine Medical Association, June 13, 1917.

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Believing the State Board of Health as established years ago, and which has done much good work, was not filling the requirements of the day, your committee has succeeded in having created a State Department of Health. This statement of the facts seems very simple, but when we realize the amount of work done and expense incurred by your committee to bring about these results we will not pass over its work in silence. To Dr. Robinson, chairman of the committee, a veteran in advocating and opposing legislation, and to Dr. Beach, who so effectually piloted the State Department of Health Bill, we are much indebted.

Have we ever stopped to consider that, although we allow our President twenty-five dollars to help meet expenses and allow our Councilors actual traveling expenses while performing duties of their office, we allow this most important committee not one cent. With the amount of work and responsibility involved, we are asking too much of its members to perform this work and pay their own bills. Though the committee may thus be willing to serve, it is not within justice to allow them so to do. Were the duties such as to require one to be at Augusta only a day or two it would be of small consideration, but when more than this, and then possibly trips necessitated from distant parts of the state, the aggregate expense is more than we should ask of anyone. Why not treat this committee with at least the same consideration as the Councilors?

Through the efforts of our much respected Dr. Whittier we have made a beginning in a most important legislation, one which is of interest to the whole human race, that is, legislation looking to the control of venereal diseases. For several years much has been said and written concerning how to control this plague. Education, publicity and legislation each has had its advocates and its opponents. Neither plan alone, nor all combined, will, we believe, be able to abolish this peril. Only by the development in each individual soul of the highest ideals do we believe this can be done. But never in the history of our country has there been the pressing necessity of working in all possible ways to check the spread of and to stamp out this disease as now.

We have to recognize the fact that war with all its hideousness is upon us. Bullet and shell, exposure and hunger, airplane and submarine are not the only dangers our boys will have to meet. About every training camp and wherever our soldiers are gathered are found vampires of society, spreading seeds of venereal disease. With comparative joy can we give our sons to fight for the preservation of our nation, but when we remember the possibility of their return with depraved morals and diseased bodies we hesitate.

We remember with gratitude that the Army Y. M. C. A., alive to this danger, is actually doing what it can to save them. It is building houses in which they can spend their hours of recreation. It is furnishing games, books, papers, music and so forth. It gives opportunity for study. It teaches morals and in all ways possible upholds the chaplains in their work. Yet, in spite of these safeguards with which it is attempting to surround them, by and by some of these boys, disease infected, will return home. With this in mind, is it not extremely fitting that we consider how we may preserve from this danger our sons, our daughters and our wives.

The bill to which I refer, enacted last winter, is a good beginning, but I believe in the consideration of venereal diseases that small, far distant continent, Australia, is ahead of us and it might be well to turn to her for inspiration. But I repeat the danger is close at hand and we should be prepared to meet it. If it be simply education needed, let a greater effort be made to enlighten the people. If legislation, then by education and publicity prepare our people for proper law enactment. We cannot, however, by legislative power produce an "Utopia," but by this method we can emphasize the needs of the times.

The Prohibitory Law and the Harrison Anti-Narcotic Law, if they serve or never served any other purpose, forcibly remind the people that, at least, the majority believe that the indiscriminate use of alcohol and other narcotics is injurious. The former law, at one time thought to be the product of cranks and fanatics, is now in this present crisis universally demanded.

Were it not for taking too much time I would discuss some features of the Anti-Narcotic Law, but leaving that for future consideration I will simply draw your attention to what seems to me in the enactment of this and the Prohibitory Law an oversight and an injustice. What shall we do with our chronic alcoholics and our drug addicts? They are not in the common acceptance of the term criminals. They are swayed by appetites for which in many cases they are not to blame. Shall we jail them? Under present conditions we have to sometimes, and I believe unjustly. Without due consideration of their actual condition we deprive them of what has become to them a necessity, and then leave them to their own devices. Is it any wonder they will lie, steal, or do anything to get that which is to them more than life? What I ask would be more humane, more just, and do more for the public good along this line of work, than to ask the state to open its pockets of charity more widely to make for these unfortunates a home, a place where each can receive treatment according to his needs; keep him under observation and training; furnish

recreation and employment until he once more can go forth as a man amongst men. Too visionary to be practicable may be considered by some, but we believe it to be justice flavored with humane sympathy.

It is not, however, legislative acts for reform but insurance legislation to which we more especially wish to call your attention. In social legislation there is opportunity to do much good, and yet if not carefully and wisely formulated may eventually create larger burdens than those attempted to overcome.

Not for the purpose of imparting information, but for that of illustration, we will speak of the Workmen's Compensation Law. Its provisions are too well known to require mention. Although, as compared with previous conditions, it gives the injured workman fair compensation for injuries received, yet in less than two years from the time it became active we find an effort made to have the benefits increased nearly twenty per cent. This simply illustrates what is almost universally true of pensions and accident indemnities. Whatever is received, only infrequently to the recipient's mind does it seem to meet his just due.

We who can recall the working of the Pension Law, for thirty or more years, realize how with each increase of pension there usually follows increased disability. Likewise, we find that from the same identical injury the insured apparently suffers greater disability than the uninsured. Not often do we believe that one under these conditions intentionally deceives, but we are so constituted, and selfishness is so ever present, that to us our disability, compared with the indemnity, is large. Recognizing this prevailing tendency, it is with much concern we view the proposed Compulsory Health Insurance Bill.

About four years ago it was first agitated in this country and for a year or two has been prominently before the public. Including the State of Maine it has been introduced into twelve states, and before another year probably twenty, at least, will have passed upon its merit. Ohio has appointed a commission to consider it. Two states, California and Massachusetts, have through their commission reported in favor of it. Otherwise, it seems not to have flourished in legislative halls.

So much has been said and written concerning it that it would almost seem to be a stale subject and lead one to apologize for bringing it to your attention at this time. But it is neither stale, dead nor slumbering; it is still alive and is being nourished by its authors with all the enthusiasm of idealists. Deprivation and want, with the attending misery and suffering that comes to the poor when sickness enters the home, seems to have so obsessed the minds of some of our sociologists, students of economics and philanthropists that they pro-

pose, by legislation, to at once bring relief to that class of people. Their object is most laudable, their zeal praiseworthy, but according to the belief of many their method inadvisable.

This health bill, as promulgated, is so far reaching in its results and so intimately involves the interest of not only the social and manufacturing world, but also of the medical profession, that it seems criminal not to study it in all its aspects. No town or hamlet should be too small to be ignorant of its provisions, and every practitioner of medicine should study it carefully. Many changes in social, business and professional life come so slowly in the way of natural growth as to produce no friction in the usual order of things, but here is a proposition so radical in its effect upon the ordinary physician that he, of all men, should take notice.

The responsibility for this bill rests upon the American Association for Labor Legislation, of which Irving Fisher, Professor of Political Economy at Yale, is President. This association, we understand, is not strictly an American product, but is the American branch of the International Association. Being for the purpose of promoting legislation for the laboring class we would naturally expect it to be affiliated with labor organizations, which, however, we are informed it is not. An association for labor legislation with labor left out seems very much like a plum pudding minus the plums. Under these conditions we are led to question how it can imbibe the spirit of the workman to understand his hopes, aspirations and desires. Or does it, from its assumed position of superiority, looking out over the world of labor, decide what that world needs and then insist upon giving it, whether desired or not? But when we consider the prominence and character of many of the men and women who are affiliated with this association, we cannot question their general wisdom and present altruistic motive. Also, if for no other reason, the reputation of some of those who have expressed publicly their approval of the bill, or, at least, of its principles, should lead us to consider it, for amongst these we find Surgeon General Rupert Blue, Governor McCall, of Massachusetts, and, as one of the earnest advocates writes, some of the most progressive physicians. This writer to whom we refer does not claim *all* most progressive physicians approve it, but from his standpoint we do infer that one cannot be far from being progressive if he does support it.

But it is not a question as to the origin of the association, or who supports or does not support this bill; the question is, does it, in the light of knowledge gained by these years of study and discussion, meet our approval? Is it for the best interests of the people, and for the welfare and upbuilding of the medical profession?

In brief, the purposes of the bill are as follows: All persons earning not more than one hundred dollars per month are included within its provisions. All these, with a few exceptions, suffering from illness or non-industrial accidents, shall receive two-thirds of their wages, beginning on the fourth day of disability and continuing during time of disability, not exceeding twenty-six weeks. Provision is also made for medical, surgical, dental and nursing attendance and treatment, medical and surgical supplies for the insured and for dependent members of their families. There are maternity benefits and funeral benefits.

The organization by which these benefits are to be administered is to consist of a State Health Insurance Commission with its Secretary, a Medical Advisory Board, local Medical Committees and Arbitration Committees, and one or more medical officers for each local society. By this large and somewhat complicated machine the so-called panel doctor is to be overseen and the interest of the insured guarded. To meet the cost of all this forty per cent. is to be paid by the wage earner, forty per cent. by the employer, and twenty per cent. by the state.

But let us pause a moment to consider how much will be the actual cost, and who ultimately will pay the bill. Unfortunately, there is no accurate data as a basis from which to reckon. From information obtained from England and Germany, where similar bills have been in force, it is estimated the cost will be approximately four per cent. of the workman's wage. If, therefore, the average wage of workmen in Maine affected by this bill is six hundred dollars per year, and there are one hundred and fifty thousand such workmen in the state, the cost is over three and one-half millions of dollars, of which the state pays seven hundred thousand and the employer and employee each one million four hundred thousand. And who pays this increased state tax? Individual property owners and corporations. And so, in addition to their apportioned two-fifths, the corporations have also to pay a good percentage of the additional state tax. To meet this additional burden they must from the necessity of the case either exercise greater economy in production of goods, which usually means lower wages, or charge more for goods produced. By the first method of economy the laborer is affected directly; by the second, indirectly; for it is he and his dependents who consume a large part of the manufactured products. Thus, ultimately, it is the workmen who pay the largest part of the cost of health insurance.

The advocate of the Workmen's Compensation Law can readily show why the expense of injured workmen, like that of wear of machinery or interest on capital invested, should be considered a part of

the cost of production. Indeed, he can go farther and show that occupational diseases, like lead poisoning, phosphonecrosis and the like, should be included in cost of production; but when he includes illnesses independent of occupation it is another question. Please tell me by what right the expense occasioned by a venereal disease, or by drunkenness, or by an injury received while fishing on Sunday should increase the cost of a suit of clothes.

We are not unmindful that the framers of this bill not only have in mind relief for present miseries, but hope to so demonstrate that sickness is an expense to the manufacturer and community, as well as to the individual, as to evoke a measure to make it less prevalent. The object is worthy of everyone's approval, but if in relieving the distress of one group of people we occasion another to suffer equally, the amount of misery remains the same and our work is in vain. That there is destitution and much deprivation amongst the poor we well know—a class which includes the idler, the occasional worker, the maimed, the aged and infirm, and the regular worker at small wages.

We do wish that in the interest of the laborer, for the welfare of humanity, and to the honor and advancement of the medical profession, we could bring forth arguments to show that the advocates of compulsory health insurance are right, but we cannot. The opposite side of the question so appeals to our mind as to overshadow all arguments for it, and we will therefore call your attention to a few reasons why such legislation is unwise.

The question of cost, to which we have referred, is of minor importance as compared with some of its other features. Yet, as one says, for an economic measure the cost for the benefit obtained will be much greater than its value.

As a legislative act it partakes of class legislation and is therefore un-American. At one bold stroke it divides the laborers into two classes. It virtually says to one, you are competent to care for yourself; go your way. To the other, the one earning one hundred dollars a month or less, it says, by your undirected efforts you are not able to manage for yourself, therefore we shall oblige you to reserve each month a certain amount of your wage, so that when sickness comes you will have something with which to provide for your necessities.

Thriftiness is not a question of wage, but of character. Why, therefore, should we by the insinuations that this law conveys, insult the manhood of any workman? True it is that by reason of small wages, large families, or some other adverse condition, a small proportion of our regular laborers is close to the border line of poverty.

And though we often see how this could be avoided, and though our sympathies as we behold their deprivations and want are aroused, why should we by legislative act insult the greater mass of honest laborers?

So far as it is the purpose of the bill to lighten burdens that arise through sickness, right here it fails. The average workman, under ordinary adverse conditions, can and will provide for himself and family. Credit, to be sure, is sometimes asked; bills may remain unpaid for weeks, but finally settled. It is amongst the aged poor, the self-employed, the intemperate, the loafer and the like where destitution in its perfect type is found; and it is with such as these the physician has opportunity to do most of his charity work. These, however, are not included within the provision of the bill, and therefore, as I, have stated, it falls short of its purpose.

The pioneers of America, the strong New Englanders, those men of brain and muscle, who with strong self-reliance and independence carved out their own fortunes and this mighty republic, we greatly honor. And no less do we to-day honor the independent workman who in the spirit of his genuine manhood, recognizing the paternalistic features of the bill, objects to it. Samuel Gompers, whom we recognize as the spokesman of organized labor, says that it is undemocratic; it encroaches upon home privacy; it interferes with individual liberty; it is not called for. With such an indictment we fail to understand why the proponents are so earnest in their propaganda for this bill.

Regardless, however, of what can be said pro and con, there are two associated questions which we physicians should carefully consider. First, its moral effect on the workmen. Second, its effect upon the medical profession.

We could speak of the possibility, yea more, the probability, of this vast machinery of health insurance, its State Commissioner, Advisory Committee, local Medical Board, Arbitration Committee, medical officers, etc., being used for political purposes. We could show how this insurance fund could be manipulated by the scheming politician for his own profit and advantage, but as these are questions more appropriate for the citizen than the physician we will pass them by. It is not his personal welfare alone in which the physician is interested but the people's, and, therefore, what has a bearing upon their character demands his attention.

That compulsory health insurance will have a mighty influence in moulding the character of those who are included within its provisions, we do believe. They are, as we have noticed, regular employees earning one hundred dollars, or less, per month. The one

earning one hundred dollars per month may be as well educated, have as good an appearance, and have the same kind of work as the one earning one hundred and one dollars, but he is in a different class. The latter, excepting as he is under the rules and regulations of the company or corporation by which he is employed, is a free and independent citizen. Upon his own efforts he succeeds or fails. His home is his and no one outside has a right to dictate as to its management. Not so the former. He, in case of sickness, is directly under the management of the local medical committee, and indirectly is a ward of the state. If he is to benefit from the insurance fund it is the insurance organization that dictates to whom he shall apply for medical aid and determines how long he is disqualified for work. His home can no longer be called his castle, for the medical officer will have a right to enter to investigate at any time. One need not overwork his imagination to perceive this one gradually sinking in the social scale, neither will one need to enter into deep study to understand how the moral stamina of this one will be weakened, his business enterprise lessened.

Love for work, desire to provide well for the family, and the obligation to work in order to live, are three great compelling agents to keep men busy. Those who love to work will work under any condition, but whatever lessens the necessity for work for the other class, to that degree will it become less thrifty and enterprising. The desire for gain, trying to get something for nothing, the gambling spirit, are well recognized characteristics of human nature, and in the cash benefits derived from this bill do we see one of the incentives to work removed, and a gratification to the one who wishes to receive without giving its equivalent. The manufacturer who, by diligent application, can make his plant double its output, or the workman who, by increasing his skill, secures larger wages, not only adds to his wealth but also develops as a man, but he who is receiving or is waiting to receive without giving an equivalent is developing the spirit of a mendicant.

The workman becomes ill; some acute disease confines him to his bed three weeks. In another three weeks he is well. For six weeks he has been at home drawing two-thirds pay since the fourth day of sickness. Now as soon as he is able does he resume his occupation? Possibly, but more probably not. While taking an extra week or two he thus reasons with himself: "I have for a long time been paying into this insurance fund, and so, as I am not feeling quite as strong as usual, I guess I will lay off a little longer." And he does. That by unnecessarily prolonging convalescence is dishonest does not trouble him. His conscience is soothed by the assertion, "Others do

the same." Here he is getting what seems to him easy money, and the foundation of his independence is weakened. He resumes work, and after some months of toil, becoming weary, wishes he might have a few days' rest. He sees the apparent freedom of men on the street and envies them; or perchance he remembers when, as a boy, he strolled the woods, or by the meadow brook lured from its shady pool the trout, and wishes that again he could do the same. While in this mental attitude, knowing two-thirds pay is coming when unable to work, it is not difficult to find some physical reason for leaving the job.

We do not believe this would be true of every man, but we do contend that every workman included within the terms of health insurance would be exposed to its influence. Little by little shall we find our hitherto industrious and independent laborer dropping into invalidism, various ills sedulously cultivated, malingering frequent. Suppose we do relieve a few of financial anxieties during the sickness of the bread winner, furnish better nursing and a few other comforts, remove the fear of filling a pauper's grave, where is the gain if by so doing we have robbed the recipients of the spirit of genuine manhood and consigned the group to an inferior class?

But secondly, what of the medical profession? With a few exceptions, we see the average practitioner struck a severe blow financially, and the moral integrity of the profession in danger. For the purpose of relieving the deprivations and suffering of the indigent sick, or for improved sanitation for the poor, the physician has always been easily worked. According to his ability, his purse and professional skill he is at the service of charity. This, however, is no reason why by law enactment the philanthropist should demand help from the physician in carrying out relief work without giving due remuneration. The lesson learned from lodge or contract practice ought to be sufficient to open our eyes to what this bill has in store for us, for whatever may be said for or against, it is simply lodge practice on a larger scale. If, therefore, it is of the same nature and includes a larger class of people its demoralizing influence will be greater. The framers of the proposed law seem to recognize the fact that the one doing lodge practice has up to date been insufficiently recompensed, and also, knowing that the medical profession as a whole is opposed to lodge practice, they have endeavored to so plan the work of recompensing the physician as to make it more acceptable.

Dr. Alexander Lambert, of New York, in his article on "Medical Organization under Health Insurance," outlines three ways by which the physician is to be paid.

First, he is to be paid so much per patient per year. The plan

does not evidently meet his approval, for he says: "This is the scheme which is employed in England and is the scheme of the ordinary lodge practice and club practice as seen in this country. It is a method of payment which has always produced inadequate service by the doctor to the patient—hurried service and service unsatisfactory to both physician and patient. Those that require the greatest amount of care and the really sick are the ones that are liable to receive disproportionately less care than they should have . . . and everywhere an unpaid doctor giving inadequate and hurried service is held in contempt by his patients, and by his profession, and the only recommendation for it is, that it is the cheapest and the easiest method for the fund to calculate how much medical care will cost."

Concerning the second method, namely, by visitation, he says: "By this method the physician treats his patient as in ordinary practice and charges each visit pro rata against the funds. . . . Under this method there is no question but that the patient received the best care. It has always proved more satisfactory to both patient and doctor. . . . It is urged against it that with an unknown morbidity of disease there is always an unknown expense facing the fund. . . . It is further urged against this method that there are always too many visits made by physicians and unnecessary visits."

The third method, a compromise between the other two and somewhat complicated, he described as follows: "The local sick funds give a lump sum to some responsible medical society. Physicians give their services by visits and by work done, and calculate each visit and kind of service as so many points, and charge the total number of points against the medical society. At the end of each quarter each physician hands in his record of points made, and the total number of points of service given are divided into the total lump sum of money, and each point has a certain value for that quarter, the value of each point varying from quarter to quarter according to the amount of work done."

The first method, you readily see, is in accordance with lodge or club practice. The third plan differs from the first, inasmuch as after the doctor has so many points to his credit, he is to be allowed for each additional point a value as determined by its average value for the three years past. This provision is made so that when in any one year an unusual amount of work is done, extra compensation is received. The second method, that is, so much per visit, is in accord with our present method of doing business, and if a normal fee were allowed could not, from the physician's financial standpoint, be adversely criticised.

And these, gentlemen, are some of the ways by which the wise

framers of this bill propose we are to earn our bread, by doing work for those carrying compulsory health insurance. They endeavor to delight us with the plan by pointing out that it means one hundred per cent. collections. Under present conditions, when we make twenty visits and get paid for only ten, we reckon our collections fifty per cent. But according to the first plan, and also the third, up to a certain amount we get one hundred per cent., or full pay for each visit of service performed, whether the average per visit is ten cents or two dollars.

Methinks I can see in the near future the different members of this association once a quarter stepping round to his local medical society, and from his voluminous daybook reckon up how many points stand to his credit, and receiving such a portion of the whole medical fund as the ratio of his points is to the whole number of points!

If the picture thus far drawn is not sufficiently humiliating, just remember also that the work is done under the observation of a medical referee. And who is this referee? A graduate of a medical college, one licensed to practice medicine yet by reason of his office is debarred from so doing; one who may or may not have had experience in general practice; one who, acting the part of a watch dog over the panel physician, and who, acting as mediator to settle disputes between patients and attending physicians, draws for his salary a sum that had better go to the practitioner.

I can conceive the possibility of a physician having a wealthy class of patients, or a specialist similarly situated, so influenced by the sophistries of the proponents of this bill as to give his approval, but who of us engaged in the ordinary practice can!

But, says one, the physician is to be paid according to the second plan, namely, so much per visit. If this proposed law ever becomes a fact I sincerely hope he will, but he will not unless the medical profession makes it known to the sociologists and all idealistic workers for the uplift of humanity that he is not to be exploited for charity purposes. If a philanthropist or a group of philanthropists establish an orphan asylum, children's hospital, general hospital, etc., for the needy poor, the physician is expected to contribute his services in order to carry to a successful issue the object of the proposed charity. But endowments to provide medical attendance, excepting as it applies to the executive staff, are as rare as hen's teeth. The medical profession, I contend, has too long been a silent and acquiescing partner in the numerous philanthropies. But even under the present bill, should the physician be paid in full for services rendered, there are other good reasons why he should energetically oppose it.

In the general working plan you remember there is to be a med-

ical referee to determine when and how long the workman is entitled to a share in the insurance fund, and to settle all questions of dispute. This virtually establishes over the physician a system of espionage.

Gentlemen, we have believed that the profession of medicine is one of the greatest professions in the world, and that there is none greater. We were taught and have believed that it is not a profession to be exploited for the sole benefit of its members, but to be used for the benefit of the human race. Though we have profited in its practice and taken pleasure in so doing, nevertheless the conscientious physician is continually giving back that which money cannot repay. The bond of sympathy between the physician and his patrons is often so great as to be almost sacred, and under these conditions it is sacrilegious for a third party, simply for sordid interests, to see that the doctor does not make too many visits, or that he gives proper service. But with the humiliation of thus being spied upon we are expected to do the work.

It is not without reason that the framers of this bill have, by extensive organization, erected safeguards to avoid deceit and unjust claims on the health fund. They can but know the great temptation that comes to the panel doctor by reason of the claimant's desire to get all he can. One's own misfortunes assume such importance that not only the malingering and other dishonest ones, but others also, will claim more than what in strict justice belongs to them.

As the amount of this indemnity largely depends on the dictum of the panel doctor, the insured naturally will prefer the one who will favor him most, while the physician who deals justly with both the claimant and the insurance fund will find his patronage waning. Shall he compromise his honor by allowing himself to be the tool of one who, in the enjoyment of a comfortable convalescence and two-thirds pay, wishes to prolong the same to its utmost limit? Shall he further demean himself by being blind to the actual conditions of the malingerer who wishes to profit from the sick fund? These conditions will surely be met, and then it will be a question of stifling his manhood to retain his business or of maintaining his integrity by losing his business. With one's living at stake we can see how he would gradually lower his standard of rightness and settle the question, not on its merits, but on what the other fellow would do.

We can theorize how this, that, or the other plan will work equitably in alleviating human suffering and for the general uplift of humanity, but in carrying out the ideal plan we are always handicapped by the human equation. Prejudice, avarice, jealousies, and the like are ever ready to thwart the highest ideals, and we shall find

no exception to this rule when hitherto formulated plans for compulsory health insurance are put in action.

Gentlemen, it is no flight of fancy by which we have drawn this imperfect picture of some of the results of compulsory health insurance. What it may cost us to assist in chastising Germany God only knows, but to offset the debit side we can credit her with some definite knowledge concerning health insurance. From various sources I have culled quotations taken from a book written by Dr. Ferdinand Friedensburg, entitled, "The Practical Results of Workmen's Insurance in Germany." He says: "It is true that scarcely anyone could have dreamed that insurance would have been abused to the extent and with methods that have actually proved to be the case. One can feel only deep and bitter pain when he sees that insurance has been the very factor which has led to universal degeneration and demoralization." He also speaks of it as "an all-pervading cancer that is destroying the vitals of the state."

From a review of Dr. Friedensburg's brochure published by the Somerville Medical Society of Massachusetts, March, 1917, we quote: "Dr. Friedensburg goes on to show how corruption started from the beginning and he gives figures which are staggering of the many false claims that are trumped up at the slightest excuse, and at great cost to the government. . . . Even in everyday life many sick people are inclined to exaggerate their ills and aches, and the popular modern complaint of nervousness has fostered this weakness; now insurance furnishes a shockingly fertile soil for this sort of nonsense, and here grows the weed of pension hysteria, the most melancholy consequence of our workmen's insurance. Whoever, in the course of his occupation, received an injury, which may be of the most trivial nature and would not disturb him in the least under other circumstances, now guards it like a veritable treasure. . . . The physician, commonly supposed to be the best friend of his patient, unless he will aid him in his deception, is regarded as his bitterest enemy, against whom any and every weapon must be used."

Concerning conditions in England, Dr. Edward Cautley, of London, in an address delivered last January, said: "Panel doctors are practically state officials and their sympathy with the patients has diminished. There is more illness, more malingering and neurasthenia, greater prolongation of illness, and an increasing demand for certificates. . . . Some complaints are trivial and contemptible."

From these two authorities we also have evidence to show how, up to the time of the beginning of the war, it handicapped German industries; how the panel doctors had to struggle with the insurance fund. Under its influence the standard of medical science was being

lowered. In short, what we have said as to what will follow its adoption into the United States does not express the ill results reported to have been produced during the time it has been operative in Germany and England. With this indictment is it not well to pause and consider, and not only consider, but, until convinced of the merit of the bill, earnestly oppose it?

Is it true, as is claimed, that the members of the American Association for Labor Legislation who are active workers in the interests of this are idealists and dreamers? From the earnestness with which they advocate it, regardless of the demerits of the measure, so it would seem. Is it a world-wide scheme of the Socialists to further their efforts to bring the laborer everywhere within their society? We have reason to believe it is. If, gentlemen, the enactment of this bill gives promise of such great benefits to the laborer, why do we find our labor organizations arrayed against it? The American Federation of Labor, the National Civic Federation, and numerous other labor organizations, with allied societies, have declared against it.

If it be of great benefit to the people as a whole and of no injury to the medical profession, why are physicians opposing it? Though it be true, as claimed by the Secretary of the American Association for Labor Legislation, that the co-operation of many progressive medical men has been of inestimable value to them, nevertheless we do know that amongst the rank and file of the medical profession there is being aroused bitter opposition. The President of the Pennsylvania Medical Society writes me: "In its present form, our society is unalterably opposed to it." For similarly expressed opinion we have but to read the reports of committees of some other societies.

Rejection by legislative bodies, opposition from labor, capital and the medical profession seems not to cool the ardor of its prime supporters. It would seem as though their emotional nature is so in the ascendancy as to blind them to the practicabilities of human life.

Please tell me what causes poverty? Is it sickness, or is it incompetency, laziness, drunkenness and immorality? If to the latter causes let us see to it that business enterprise and thrifty labor are not taxed, that these may the longer encumber the earth. And let us so guard the honor of our profession that for the purpose of giving cheap medical attendance to these, we will not have to give it to many well able to pay a reasonable fee. If "survival of the fittest" be a law of nature, what right have we to add to the burdens of industrial and social life in order that a few more generations of the unfit may live.

The enactment of this law, as proposed, opens the way to old age pension, unemployed insurance, and for any other insurance that will

indiscriminately aid the sick, the lazy and the shirk. Instead of making the government strong by building up the independence of each individual unit, we shall, by cultivating individual dependence, weaken it. The social leech will no longer be saying, "The world owes me a living," but it will be, "The government owes me a living. I am not going to work."

Our prophecy in regard to old age pension is no sooner written than we read, as an evidence of its truth, a report from the recent meeting of the American Medical Association in which the writer says: "Old age pensions and social insurance, to relieve vigorous young wage earners of the burdens that unremunerative old age puts upon them, were urged in reports submitted to-day."

Listen! It is for the "vigorous young wage earners" for whom a plea for relief is made. Is it they who want it? No. It is the lazy, the indolent, the shirker of responsibility, the one who at heart is a "slacker." To be thus coddled may be pleasing to the peasant of Europe, but who can imagine a young, vigorous, independent American desiring it. If, by reason of insufficient wage, deprivation and suffering are continually hovering around the home of our common laborer, assist in securing them larger wages; and then, by inculcating principles of true mankind, develop the highest type of workmen this world has ever known.

For the purpose of proving the merits of this bill the proponents point to Germany, claiming under it a lessened mortality and so forth, while the opponents, studying the same condition, strenuously deny the truth of these assertions. Granting they are true, we should not forget that the government of Germany is not like that of ours; and also, let us inquire, was this compulsory insurance law of Germany the product of the demand of social democracy, or was it, and other like kinds of insurance, granted by the Imperialistic government to gain the support of the Socialist? That it is socialism, and does open up the way for many other methods whereby honest business enterprise and individual thrift can be deprived of a part of their just gains to distribute to others less successful, who will deny? Before plunging into this sea of socialism let us consider carefully the costs.

Gentlemen, we hope we have so brought this subject to your attention as to stimulate further consideration by every member of this association, so that when re-introduced into our Legislature it can be met with knowledge and understanding.

CHAIRMAN THOMPSON: Gentlemen, you have heard this paper. Are there any remarks to be made?

DR. SPALDING: Mr. President and Fellow Members of the Maine Medical Association: For forty-four years I have stood here in this hall, or in the hall which was here before the fire, and I have either read papers myself, standing on this platform, or listened to those that have been read by others as well as I could, and have had something to say about them, but never until to-day did there dawn upon my mind the serious handicap we are under in having our meetings in this room with the light facing our eyes. Now if I am alive at the next meeting I am going to have different arrangements, so that the speakers can be seen without our having to face this glaring light.

I will now read a few words in regard to health insurance, the topics of which I have picked out after reading the oration to which you have just had the pleasure of listening, and I will make my remarks as brief as possible.

What we want under any system of health insurance is to keep out of it all we possibly can. Cut out of health insurance the idea to make medical care a part of it. This is the essence of our position before the Legislature. Let employees choose their own physicians and pay their own bills out of their insurance without the intervention of paid state agents in every hamlet, village, town and city in Maine. It is well enough to give an employee half or three-quarters of his wages when invalidated, but that is no reason why the medical profession should be legislated out of their reasonable payment for services rendered.

We have a statement from one state that a certain fee, say \$50 for an operation, under health insurance is "not excessive." Well and good for the \$1,200 employee, but will the \$1,500 patient or the \$2,000 patient ever consent to a similar operation being done for him for more than that sum regarded by the state as "not excessive"? Nevermore, for, as Cotton urges, "the minimum becomes the maximum," and the day of \$100 fees is doomed when \$50 is regarded as "not excessive." Everywhere we are exploited for work for the needy, and it is right that we should do our share, but listen to such an item as this; I lately read an account by a paid writer, with a good salary, too, concerning the splendid work (done for nothing) by surgeons on more than eight hundred patients in a state institution, every nurse and official of which was a paid servant of the state. They told all about the splendid showing (done for nothing), and urged other states to imitate it. If this continues the end is in sight—a limited number of physicians, paid a living salary by the state, and to be at the beck and call of the entire population.

Everywhere you look you read of the enormous sums of money

lost by illness and accidents, and it runs into the hundreds of millions of dollars a year. But did it ever occur to anybody to figure out the enormous losses involved in voluntary absence from work, vacations, attendance on ball games, moving picture shows and motor car traveling all over the nation? It might be possible, after all, that the economic losses in one way of living would balance that due to sickness. Furthermore, it is unfair to the self-employed, earning \$1,200 or less, that they should be excluded from the health insurance to be guaranteed by the state to employees of corporations. Have they any rights? Why not include them also? The fruit men, the shoeblacks, the small traders with incomes of much less than \$1,200, they surely have a right to health insurance.

Another vicious point in all the health insurance so far proposed is that all employees of \$1,200 or less income are to be insured on the same basis, irrespective of age, sex or the dangers of their special trade. In order that physicians may be able, permanently, to oppose health insurance with unanswerable arguments at further legislative sessions, I urge upon them to get and to read and to hold in readiness a paper by Dr. Cotton in the *Boston Medical and Surgical Journal* for March 1, 1917, and the paper of the Chicago Medical Council, issued in the *Illinois Medical Journal*, March 1, 1917, and published as a leaflet for county wide distribution by the committee.

DR. GILBERT: Mr. Chairman, I have given a good deal of time and thought to this question, have had occasion to read one paper on it, and have been before one or two of the county societies in reference to it. I think it is a fascinating topic and one that requires a good deal of thought, although I cannot yet feel sure that the enactment of such law or legislation would be of value to the profession or to the public. Labor looks for permanent protection from disability; in other words, labor has a right to expect certain things. Capital likewise seeks relief from industrial unrest. That we all know to be true in this country. The physician naturally looks for some compensation, or proper compensation, for services rendered, and less charity to be done. The public will be benefited by the influence of such legislation towards preventive medicine and the possible solution of the difficulties between capital and labor. In other words, such legislation, if it accomplished any of the above results, would have a stronger effect than any now in existence, and would lead to a more careful study by capital of preventive medicine.

The President has gone over the cost of insurance. The problem of class legislation I have seen discussed from many angles. A large factor is in seeking some solution for contract practice and abuse of

medical charities. In foreign countries the medical men do contract work, largely through lodges such as we have in our cities and towns in this country. Now I imagine Camden is a very prosperous town, and probably Dr. Hart does not come in contact with lodge work, but as we see it in Portland, and a study of medical charities and their abuse in the larger cities, it will make one realize more and more the need of something to replace it. If we are going to take this question up, I think we should look first into the conditions we are trying to remedy as we study a solution for them. Taking this proposed legislation and looking at it in one way, as Dr. Hart has done, I can see there is a good, strong argument against it, but I think we have got to go back and first look for the cause of even proposing such legislation, and that is the thing that I want to point out. Now in Portland these foreigners are coming in and locating. They are banding together two hundred families and employing a doctor, just as they did in their home countries. Now a doctor bids for that work, and he has probably got to make a contract for \$100 a year. He may get \$200, but rarely more. That is a common practice here. In New York and Chicago, of course, that is a very strong factor. On the other hand, study your charitable organizations, look over the annual reports of your hospitals as to the amount of charitable work being done. Is it all charity? Should not the state, city or town bear the physician's expense so long as he pays his proportionate taxation in his community? Is there not some solution of it, and is not that solution this proposed legislation, properly adjusted? I have a great deal of literature on this thing, and I have studied it from the European standpoint, and the only thing I can see that is really objectionable, or that would be offset by the arguments on the other side, is the problem of the political aspect. I mean by that, that when we organize, as proposed by this, into our various chain of offices necessary for its execution, it becomes a strong political organization, and that really is a serious objection. The New York Medical Society took this under consideration by a standing committee. They objected to certain features of the bill as relating to the fees. These were met by the committee, and every effort was made to meet the medical men when they wanted to be met. If you stand back and object to it, you are going to get some legislation that you will not like. The thing should be met and a committee appointed here to take this matter under consideration, to meet with the proponents of this bill, and this committee should know what the medical men of the state want and what they ought to have. A bill should be framed up that will be acceptable to the medical profession before it goes before the legisla-

ture. In doing that, I think you are going to do the best thing possible for the profession itself and for the public.

This is such a broad question that it is impossible to take it up in a very comprehensive way, but I think first we have got to look at the problem we are trying to solve by this legislation, and not analyze the legislation itself too closely. Conditions exist which must be met. That legislation is coming, and let us get together and do our utmost to have it something that we approve of, something that in our opinion will be of value to the medical profession and the public, and then support it.

CHAIRMAN THOMPSON: Has the President, Dr. Hart, anything further to say on this subject?

DR. HART: I have had my say. My idea was simply to bring this before you with the hope that it would be considered and some preparation made to aid or oppose future legislation, which is surely coming before our legislative body later.

On motion of Dr. Smith, it was voted to refer the President's address to the Scientific Committee.

***Presentation Speech of Dr. J. F. Hill, of Waterville, and Remarks from the President of the Association at the Unveiling of the Appreciation to the Ricker Brothers at Poland, July 21, 1917.**

Dr. James F. Hill, of Waterville, chairman of the Bas-Relief Committee, spoke to this effect:

It is not my purpose to make any extended remarks in the presentation of this tablet, but the occasion could not appropriately pass without some reference, brief though it be, to the significance contained in this testimonial which is now made to the proprietors of this famous hotel.

*Owing to a misunderstanding of the hour at which the unveiling was to occur the President had made other engagements and was unable to deliver his address. As it contains, however, one item of medical importance, it is issued immediately following the eloquent remarks of Dr. Hill.

In June, 1915, upon invitation of the management of this hotel, the members of the Maine Medical Association, with their families, sojourned here for several days and enjoyed, in a way not easily described in words, the very cordial hospitality of the Ricker Brothers. We realized fully then, and we have ever been cognizant of the fact, the heavy expense that must have been involved in entertaining so large a company in the manner characteristic of this hotel management, and while the members of the association knew that they could never adequately express their thanks for the lavish and courteous hospitality extended them, they felt that some lasting memorial should be lodged in this hall, that the Ricker Brothers might know that our members held for them that splendid old human virtue, appreciation.

From the medicine man of yesterday to the medicine man of to-day is indeed a very far cry. Our prototype of yesterday, the primeval healer, employed agencies that were very simple, the remedies of the field and the earth, that which was at hand, and, because at hand, therefore despised by ordinary folk. These simple remedies, the first hand-gifts of nature, were often extremely effective, especially when accompanied by the occult methods that substituted faith for reason. Our medicine man of to-day is, as you well know, the skilled surgeon, the trained physician, who has devoted long years of intensive study to the whole subject of alleviating and curing ills which human nature is heir to. And yet it is to be noted, in this very cursory study of the medicine man, that the successor of the medicine man of yesterday still employs, with infinite profit to mankind, some of the simpler remedies which nature has lavishly created to combat disease. I suppose there is no recognized physician in our country who does not acknowledge the inestimable value of natural medicinal waters as aids in the work of restoring and preserving health. Of these recognized agencies, the water that gushes out of the rock on this beautiful hill is one. Its continuous and extensive use in almost every part of the world is sufficient proof of its value to human kind. Thus one of nature's simplest remedies has become a potent ally of the medical profession, and to such we heartily confess our deepest obligations. It would seem, therefore, most fitting that there should repose in the hall of the Poland Spring Hotel this replica of the medical man of the olden days, as evidence of our appreciation of your very generous hospitality to us as an association, and of the value to the world of your famous product. Representing the Maine Medical Association, I have the honor and the pleasure of presenting this testimonial to you.

THE PRESIDENT'S REMARKS.

The finest opportunity that has offered itself to me for talking of medical affairs in Maine since my election to the Presidency of the Maine Medical Association is this now at hand. We have met here to unveil and to display to perpetual view a bas-relief, in memory of the most wonderful social event in the history of our association.

Two years ago, when we were planning our annual meeting, the Ricker Brothers of the ever famous Poland Spring Mansion House and Hotel, with unexampled hospitality, invited every member and every member's wife to come to Poland, and to spend there, as their guests, two entire nights and the better part of three entire days beneath their protecting roofs. Moreover, in their magnificent offer was included not only man, but beast, and, better than beast, the motor car of every physician, his garage, his gasoline and his chauffeur, if any doctors are rich enough to afford so great an extravagance.

Turning to my diary for 1915 I find that on Wednesday, the 9th of June, four hundred members of our association, and our wives, arrived in Poland and found everything ready for the promised festivities. Some were harbored at the antique Mansion House, some at the more magnificent hotel, but whether at the mansion or at the hotel, we were perfectly satisfied with our surroundings. Everybody had the best room, the best attendance and the best view. As to the water, what more can be said than that it was the genuine Poland, unequalled, unexcelled, pure, healthy and invigorating; in a word, the best in the world. The viands were not only the best that the market afforded, but to them was added a zest and a flavor which proved that our hosts know how to choose a chef who could make the best of viands taste deliciously. Those who cared for golf could hit the ball or cut the turf, whilst billiards and pool were at our service.

Not only as guests of the Ricker Brothers did we enjoy all of these things good for the body corporate, but the entire hotel was thrown open to the uses of our association, and we possessed, for once in our history, plenty of room for listening to papers, in a hall in which every voice could be heard. Committee rooms, with paper, pencils, ink, telephones and wireless, were thrown in as a part of this boundless hospitality, never before equalled in Maine, even recalling many other instances of such hospitality known to be characteristic of those princes of hospitality and of entertainment, the Ricker Brothers, of Poland.

Nor should we forget the final banquet, where, if we had any desire for more, after the overflowing hospitality of those famous days, that desire was satiated.

When the time came for us to leave for home and work, the only thing sad about the whole affair was that we had to leave, and leave we did with many expressions of regret.

On reaching home we wondered if in any way we could thank our hosts permanently for all that they had done for us. At first it seemed impossible to make any adequate return. A committee was formed to discover, if possible, some token of gratitude, and as our funds accumulated we had time to plan a memorial that might be worth the while to set up amidst these leafy groves and artistic pictures and sculptures as a perpetual thanksgiving from the physicians of Maine. We have the pleasure to-day, then, to look at this delightful bas-relief in permanent bronze, showing an Indian medicine man utilizing the waters of the famous Poland Spring. Slight as is this return for favors shown us in 1915, I, as President for 1917, offer it to our former hosts. Long may they continue their unbounded hospitality!

Another word from me may not come amiss on this occasion, amidst the troubles of war. I refer to unkind remarks published concerning the dilatoriness of physicians of Maine in responding to the call to arms. There is but one reason why more do not enroll, and that is, that in leaving his practice the physician cannot be sure that he is doing his duty best to those who have entrusted to him for years their daily health. In breaking his ties to his patients a physician is in a strange position. His duty to the nation is great, his duty to his people is greater, for men and children there are who rely on him for services which in their belief no other physician can give. Women there are, expectant mothers, who have had a child before, with the aid of their trusted physician, and who are looking forward to another safe delivery of a new member of this nation. I say with solemnity that a physician, thinking of the five months or of the three months lying between those women and promised maternity, is entitled to consideration when summoned, even in this great crisis, to help his country. Physicians are not delaying from fear of injury or death, or lack of pay, but from that medical duty which makes each one feel that he has made a contract with his people, that he has seen them safely through disease, maternity and operations, and that he wants to remain with them as long as he can.

Merchants can leave their business and others can carry it on. Look at the firms which have lasted a hundred years although the founders are long since dead. Lawyers close their offices for long periods of rest, but no harm to their practice ensues. But a physician is himself. He cannot tell another what to do; nobody can do it as he thinks it should be done. You can tell another surgeon how to

operate, but even mechanically it can never be done precisely so. You can sell things to eat and to wear and to read, but you cannot sell to anybody else that skill which with certain physicians brings health more surely than by any other means to the patient concerned.

Such, then, is a very brief answer to fault finders of to-day concerning enrollment by physicians in active practice. The nation wants them, but their own place wants them more. It is therefore plain that to the younger men of the profession, to the recent graduates, we are to look for early recruits, and there is no doubt that when their way is made plain to them by continuous duty and continuous pay there will be found very few slackers amongst the members of the Maine Medical Association.

Here, now, are my best thanks for listening to me on this occasion. It is unique in the history of our association. When you leave here think occasionally of the simple tribute which we offer to our former hosts. To physicians of Maine I say, before you go abroad in the service of the nation, or when you return safe and sound, try to make a pilgrimage to this quiet spot, and as you take a passing glance at this artistic bas-relief, think once more of those days of June, 1915, when we were so magnificently treated by the Ricker Brothers, of Poland Spring.

JOURNAL OF MAINE MEDICAL ASSOCIATION

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Editorial Comment.

The President's Address.

Amidst constant alarms and daily talks intent upon the war which is now down upon us, little attention is likely to be paid to the important questions which are brought before us so forcibly and plainly in the address of our retiring President.

The opposition to osteopathy still continues with us and remains unsettled. Let us hope that in the year to come some reasonable compromise and settlement may be reached.

The question of doing something for payment of loss of time incurred by the invaluable members, and their services, of the Committee on Public Policy and Legislation is well brought forward and deserves attention from the association. Some small payment, even, would help out and encourage the members of that committee.

The labors of our able committee on syphilitic agitation and prevention are worthy, too, of our best consideration. Words cannot adequately depict the ravages of this direful disease and its consequences passing over from one generation to another. It is our bounden duty to do all that we can in the prevention of syphilis by educational preventive means.

The main stress of the address is laid on the very important and still unsettled question of public health insurance, which is sure to be agitated again and again until some reasonable law is passed. It is a part of so-called modern progress, or at least of modern political sociological advance. Although it is by no means a new idea, for it has been carried out amongst many nations of the earth, and its actual defective resultant action plainly shown, yet it continues to be pushed forward in our national legislatures. It sounds well on the surface,

it promises well in words, but nowhere is the least attempt made by its advocates or the politicians to consider its pernicious effects upon the members of the medical profession. Upon our shoulders the burden falls ultimately. Not only do we do the work, but we have over our heads the dreaded medical referee, diminished income, unsatisfactory service, and loss of that mental influence over our patients which is the larger part of successful cures in many instances of ordinary types of disease.

Attention should also be called once more to two important documents mentioned in the discussion of the President's address as worth their weight in gold for those who are to put into its proper light before the next legislature the arguments against health insurance and the emphasis to be laid on those items of value to the profession at large. The retiring President has covered all essential points of the topic, whilst nothing has been omitted that could be of benefit to the profession if clung to and eagerly defended. It remains only and chiefly for the members of the association to form a united front, to do what the people think is just and proper and for the benefit of the majority of workmen and employees, but not to permit their own ruin simply to please a set of philanthropic leaders who want everything, provided that it is not done at the expense of themselves and their flow of eloquence.

J. A. S.

From President to President.

The following correspondence between the President of the United States, the Surgeon General's office and the President of the association explains itself, and may serve, as was originally intended, to induce more of our members to volunteer their indispensable medical and surgical services to the nation.

PORTLAND, ME., July 9, 1917.

TO THE PRESIDENT OF THE UNITED STATES:

Sir:—As President of the Maine Medical Association, I have visited several counties in this state to discover why more physicians do not enroll for the war. I find that the following feeling prevails amongst many of them and partly accounts for their apparent apathy, that the government does not give them continuous duty and continuous pay.

A physician carries his practice under his hat and cannot hand that hat to another man with the feeling that his patients will be cared for during his absence as he could care for them, or that he will ever have them under his care again on his return. The care of his patients by brother physicians is a detail to be settled by physicians

amongst themselves, but the government should give continuous service and continuous pay the moment that he resigns his means of living in order to serve the nation. It is wrong to ask a physician to leave his practice, to order him on duty, then to set him adrift without pay or practice, and then to call him back again. Take him once for all, pay him daily, let him do his duty, and work out his own salvation when the war is over.

Another obstacle to enrollment from a naval point of view is to enroll a physician to leave an active life of practice and then to immure him within the walls of a hospital ship, with only chronic cases to watch. Enrollment for a physician for war services should mean actual service in war, whether in the army or the navy.

Very respectfully,

JAMES A. SPALDING,
President Maine Medical Association.

To this the President of the United States replied as follows:

WASHINGTON, D. C., July 12, 1917.

MY DEAR DR. SPALDING:

The President asks me to thank you for your letter of the 9th of July and to say that he is bringing the matter to the attention of the Secretary of War.

Sincerely yours,

J. P. TUMULTY,
Secretary to the President.

The correspondence then continued in this way:

July 21, 1917.

THE SURGEON GENERAL TO DR. JAMES A. SPALDING, ETC.:

Subject: Continuous Duty for Officers of M. R. C.

1. Your letter addressed to the President has been received in this office by reference. The Surgeon General directs me to reply as follows:

2. It is true that in the past physicians have been frequently ordered to active duty and have reverted to the inactive list after a short period of service. It is realized that this policy will not answer during the present emergency. All officers now called to active duty will be retained on that status until the conclusion of the war, unless for special reasons in certain cases having reference to the wishes of the officer himself or to changes in his physical condition which makes relief from active duty necessary.

Signed: E. B. MILLER,
Major Medical Corps, U. S. Army.

It is unnecessary for the President of the association to add comment to these brief documents, for they speak for themselves.

Notices.

Air Service in War.

Time has fully demonstrated the value of the air service in war, and experts say that many of the great decisive and effective battles of the future will be fought in the air.

This appears to be confirmed by the great activity of the Signal Corps and the passing unanimously by the House and Senate and the signing by the President without delay of the bill appropriating six hundred and forty million dollars for aeronautics.

TWENTY-FIVE THOUSAND MEN REQUIRED.

It has been said that the United States would require, to do its bit in the war, 25,000 masters of aeronautical apparatus, that is, men capable of flying the airplane and hydroplane, and directing the movements of the "kite" or observation balloon, known as aviators or balloon pilots.

AVIATORS AND BALLOON PILOTS.

The work of the aviator is well known, and the marvelous results of these air-speeders; the work accomplished by them as the eyes of the army is published from time to time in the dispatches from abroad. The fastest machines attain a speed of 140 miles per hour.

The observers in them locate the position of the enemy's armies and guns, and protect cities and towns from attack, although at times the enemy flyers get by the watchfulness of the allied air fleet with disastrous results to humanity and property.

All aviators and balloon pilots become officers in the aviation section of the Signal Officers' Reserve Corps of the Army immediately upon graduating, being commissioned as first lieutenants with a base salary of \$2,000 annually and additional compensation when in active service at home and abroad.

THE "KITE" OR STATIONARY BALLOON.

The usefulness of the "kite" or stationary balloon is not generally known. One familiar with its employment says that at the balloon schools, an applicant for officer's commission must first qualify as a pilot of spherical balloons. Then they are taught to become pilots and observers in the "kite" balloons.

This balloon is allowed to ascend to a height of about 3,000 feet with a wire cable attached to it by which it is drawn down when desired by motor power.

In war, these balloons are located from three to five miles from the first line of trenches, and from the basket two men, a pilot and an observer, give the range and result of firing by telephone to the artillery.

On the western front they are placed from one-half to a mile apart, according to conditions, and are provided with parachutes attached to the men in the basket; in event of accident to the balloon the men parachute safely back to the earth.

QUALIFICATIONS FOR OFFICERS' COMMISSIONS.

Men who have not been called for physical examination under the draft, and who have had a college education may make application for a commission as first lieutenant in the Aviation Section of the Signal Officers' Reserve Corps as aviators or balloon pilots, provided they are not under 19 or over 30 years of age. While college men are preferred, applications from those who have graduated from high school and have exceptionally good qualifications will be considered. If the application is approved, the applicant will be notified to appear before a medical board for examination. If this is satisfactory, he is assigned to schools for training.

While at the schools soldiers' pay, rations and sleeping accommodations are allowed, the officer's pay following graduation and assignment to duty as first lieutenant.

Men having a trade who cannot fill the qualifications required for aviation or balloon pilots can enter the aviation service by enlistment.

War Notes.

AMERICA'S CAUSE FOR WAR.

"The military masters of Germany denied us the right to be neutral. They filled our communities with vicious spies and conspirators. They sought to corrupt our citizens. * * * They sought by violence to destroy our industries and arrest our commerce. They tried to incite Mexico to take up arms against us and to draw Japan

into hostile alliance with her. They impudently denied us the use of the high seas and repeatedly executed their threat that they would send to their death any of our people who ventured to approach the coasts of Europe. * * *

"This flag under which we serve would have been dishonored had we withheld our hand."—*Woodrow Wilson, President of the United States.*

COMMITTEE OF WOMEN PHYSICIANS NAMED BY DEFENSE COUNCIL TO ASSIST IN WAR WORK.

The Council of National Defense authorizes the following :

By way of further recognition of women in the work of prosecuting the war the Council of National Defense has added to the general medical board a committee of women physicians, of which Dr. Rosalie Slaughter Morton, of New York City, has been appointed chairman.

Need for utilizing the services of women physicians of the country has been more and more apparent to the council, as it is felt they can accomplish much in the way of anæsthesia laboratory work and sanitation. The medical board at present is engaged in formulating plans under which the new committee is to operate, and it is expected that these will be completed within a very short time.

The other members of the committee are Drs. Caroline M. Purnell, Caroline Towles, Florence N. Ward, Mary Lapham, Emma B. Culbertson, Cornelia C. Brant and Marion Craig Potter.

AID FOR SOLDIERS' FAMILIES.

Red Cross View Is That Government Should Bear the Burden.

The question having been raised as to whether the Red Cross will assist in taking care of dependent families of soldiers and sailors called into service in this war, Mr. Henry P. Davison, chairman, on behalf of the Red Cross War Council, authorizes the following :

"Obviously the task of providing for the financial assistance of the families of our soldiers and sailors is so large that the government alone can assume it. In no other way can the burden be discharged fairly and as a matter of right rather than charity. No voluntary organization or organizations could adequately cope with a duty of such magnitude.

"The American people will not, of course, permit families to suffer want because their bread winners are fighting for their coun-

try. Cases will undoubtedly arise wherein the allowance of the government will not be adequate to protect a family from financial distress. Such instances the Red Cross will hope to provide for through its chapters.

"The Red Cross chapters can and will provide also friendly services which may be needed and acceptable because of ill health or other misfortune or because of family conditions which, if neglected, would result in need and suffering or disaster to the home."

During July the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

The Diarsenol Company Limited:
Neodiarsenol.

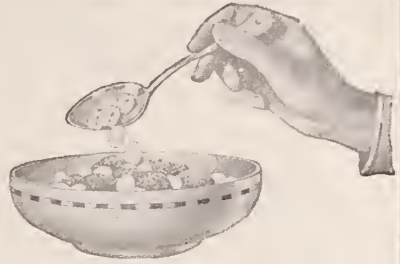
Hoffman LaRoche Chemical Works:
Thiocol-Roche.
Syrup Thiocol-Roche.
Thiocol-Roche Tablets.

Mallinckrodt Chemical Works:
Acetylsalicylic Acid, M. C. W.

H. K. Mulford Company:
Concentrated Solution Sodium
Hypochlorite-Mulford.

NEW AND NON-OFFICIAL REMEDIES.

HAY FEVER, POLLENIN, SPRING, Mulford.—A liquid obtained by extracting the protein of the pollen of rye, timothy, orchard grass, sweet vernal grass and red top grass and standardizing the solution to a definite protein content. This pollen extract is said to be useful for the prevention and treatment of spring "hay fever." It is supplied in a



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By every standard, Puffed Wheat and Puffed Rice are the greatest of whole-grain food. Here every element is made available, and in a food confection.

The Quaker Oats Company
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and Corn Puffs

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four syringe package containing increasing doses of pollen protein and in a one syringe package containing the maximum dose. The H. K. Mulford Co., Philadelphia.

HAY FEVER POLLENIN, FALL, Mulford.—A liquid obtained by extracting the protein of the pollen of ragweed, golden rod and maize and standardizing the extract to a definite protein content. This pollen extract is said to be of value in the prevention and treatment of fall "hay fever." It is supplied in four syringe packages containing increasing doses of pollen protein and in a one syringe package containing the maximum dose. The H. K. Mulford Co., Philadelphia.

BORCHERDT'S MALT OLIVE.—A liquid stated to be composed of olive oil 20 per cent., glycerin 10 per cent. and Borchardt's malt extract 70 per cent. The Borchardt Malt Extract Co., Chicago.

CITRESIA.—Magnesium acid citrate, the hydrated acid magnesium salt of citric acid. A colorless salt, very soluble in water and having a pleasant acid taste. It may be administered in place of solution of magnesium citrate by dissolving 25 Gm. in 25 Cc. syrup of citric acid and 125 Cc. water. Horace North, New York.

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No. 2

*EXPERIENCE IN A BASE HOSPITAL IN FRANCE.

By MAJOR EDWARD NICHOLS, Boston, Mass.

Mr. President, and Gentlemen of the Maine Medical Society :

What I have to say about my own experiences in France is now very nearly two years old. So much of it is past history. On the other hand, the medical conditions in the English army have not changed a great deal since that time, so what I have to say will be approximately true of the present medical conditions.

Besides speaking of my own observations, at No. 22 General Hospital, I want to call your attention at the end of my remarks to the bearing of what I have seen over there to our present situation in this country, and I am going to express myself as clearly as I can upon what I think it means for medical preparation in this country.

The Harvard unit, called officially Base Hospital No. 22, B. E. F., originated in this way: Two years ago in April there came a letter from Sir William Osler and from Mr. Robert Bacon, former American Ambassador to France, to the President of Harvard University, asking if Harvard University would furnish a base hospital, equipped to care for 1,000 men, for service in England or France. That was all the information we had. It turned out within two or three days that the same letter had been sent to Columbia and to Johns Hopkins. There was a meeting of the presidents and medical representatives of Johns Hopkins, Columbia and Harvard in New York, and at that time it was agreed that those three hospitals would start a British base

*Stenographer's report of Dr. Nichols' talk before the June session of the Maine Medical Association.

hospital, for service in England or in France, for at least nine months. Harvard elected to go first and I was the senior officer of that contingent. Now the personnel we were asked to secure at that time was thirty medical officers, including specialists. We did not know whether the British were "hard up" for equipment, and we started out to raise both equipment and medical staff. We raised the men pretty quickly. About two weeks later there came a note from the British war office saying that they would like seventy-five trained nurses, please. A little detail like seventy-five nurses had apparently escaped their attention. We finally set sail after a great deal of detailed work, in which I was assisted by a personal friend of mine, Mr. Wood, of the University Press, Cambridge, who had seven clerks working on that job for weeks. We left New York, had an uneventful trip, landed in Plymouth, England, went to London, and there we stayed ten days. We then began to get an inkling of what our job was to be. We had taken thirty-three complete surgical operating outfits, and we found when we got over there that it was a very good thing we did, because the equipment furnished by the British army was a skeleton, that was all there was to it. We stayed in London ten days and then found that we were going to be sent to France. While in England we were sent to be provided with uniforms. The British army has the custom of giving a man with a commission—and we were of the relative rank of their lieutenant-colonel—an equipment allowance of about \$150, which in England is quite adequate to provide the original officer's equipment.

I shall not forget as long as I live my first impressions on going out in the streets of London in khaki and being saluted by about a million men. I think I nearly blushed myself to death.

The nurses were chosen from nearly all of the training schools in eastern Massachusetts. At first I undertook to select the nurses myself. We had to take seventy-five with us. The first thirty-two who applied were accepted. Of those thirty-two, two girls said: "Dr. Nichols, will our transportation be paid, because we really cannot afford to pay our transportation both ways?" One girl said, "I shall very gladly pay my transportation both ways." Not one of those girls have opened their heads as to pay or anything else. They wanted to go and serve. I very soon found that picking out seventy-five women offhand was no small job. A nurse in the British army is never spoken of as "Miss Jones" or "Miss Brown." A head nurse is "Sister," a junior nurse or ward nurse is "Nurse," although English officers very commonly address any nurse as "Sister." We had one rather amusing experience in outfitting those nurses, because we gave them an equipment on the basis of the American Red Cross.

We could not use the uniform and we did not care to, but we did equip them. They were given extremely plain gowns, caps and aprons, which could be washed and put on without being ironed or starched. The rest of the equipment consisted of a hat, an out-of-door uniform, coat and so on. But we made one queer mistake, and nothing but the eternal feminine would ever have entered into it. When we got over there we found that the English Red Cross wore a very attractive uniform, on the whole more practical than ours. They wore a queer headdress, though it was far better adapted to hospital service than were our caps; and when our women got over there and found these women had such very attractive clothes, they nearly had a fit. They were the sorest lot of women I ever saw in my life. Now one other thing! Those of you who have anything to do with raising a Red Cross unit had better bear in mind not to send too many women of middle age who have held executive positions. They are very competent and are perfectly level-headed, but you are more liable to have friction with those women than you are with younger women. If you are going to send your contingent, pick out your head nurses before you go and pick young women for the rest. War is a boys' game, and it is a girls' game in the same way.

Our trip was uneventful. When we got to London, as I say, we were outfitted there. We crossed the channel from Dover to Boulogne. At that time the famous fence was in existence. Those of you who ever have been across will remember that, in the old days, when you went across the channel, you went straight out to the Dover Breakwater. If you were going to Boulogne, you got out at Folkestone and went over the channel obliquely. The way we went was straight down to Beachy Head and obliquely across to Boulogne. Calais at that time was being threatened and not used as a base. Running clear across the channel from shallow water on the English coast to shallow water on the French coast, except about a hundred yard passageway, was a big iron net suspended, with buoys about the size of a big can buoy. That net was said to go to the bottom of the channel as a protection against submarines. The gate through which we passed that net was changed, they told us, every two or three days. At that time they were utilizing German submarines much more effectively than at present. When we crossed they told us they had already captured over fifty, and when I came back they told me they had captured over eighty. While I was in London they had a dinner to celebrate the capture of the first fifty. Those were, however, small submarines, working in shallow water. They are not having such success with them now.

We landed in Boulogne late in the afternoon and were taken to

camp the next morning—Sunday. In the sector where we went were 40,000 hospital beds, all in tent hospitals with two exceptions, one being an officers' hospital in a big converted club house, and the other one a hospital in shacks. The country was very much like the back part of the Cape, sand dunes down to the channel, and back of that big chalk hills rising. We were in a camp about fifteen miles from Boulogne. There were 40,000 hospital beds in that sector, as I have said. Right across the street from us was what was called "Canadian General Hospital 3," manned by men, the most of whom I knew extremely well, from Toronto; so that when I stepped out of the motor into the camp I was met by half a dozen men, some of whom had been really close acquaintances of mine at home. That was a 1,000 bed tent hospital. The original plan was 1,040, 1,000 for soldiers and 40 beds for officers; but what had happened in that sector, where so many hospitals were close together, was to transfer all the officers into one hospital; so we had 1,000 beds in big tents, three tents in a row, wooden floors, iron beds, excellent mattresses and pillows, plenty of bedclothing,—admirably equipped.

There was in the quartermaster's department the finest general country store you ever saw in your life. There wasn't a thing that you could not get, except that you had to know how to order it. I suppose that is true in all quartermasters' departments. I know I wanted one day a dish boiler to boil instruments in. The quartermaster said he hadn't any. I said, "You must have something I want." I went down and found exactly what I had asked for, but when I showed it to him he said, "Oh, that isn't a dish boiler; that is basin boiler No. 3." I had had no military experience, of course, and he and I did not quite understand each other.

When we got into camp there were about 600 private soldiers in the hospital, and they were Kipling's Tommies; but the Tommy that Kipling has written about no longer exists. We had one man in the camp there who was one of forty survivors of an entire British battalion, the battalion being approximately 1,000 men. The original British army was practically annihilated in the retreat from Mons.

The train to the front ran directly through the back of our camp, and when we first got there trains were passing day and night in both directions. While we were there they never put a wheel into the ditch. Admirably run!

Now the camp we were in was what the British had called a base hospital. It was not strictly a base hospital. It is what I think the American army calls an evacuation hospital. Patients were brought there from the front; it was the first hospital patients were brought to. A man is shot in the front line trench; he is given first

aid in the trench. He is, if feasible, and it usually is, then taken back, say a hundred yards or so, by a communicating trench to what they call a dressing station, usually under ground. From there he is taken out to a place some three or four miles back of the front line, where they pick out the badly wounded ones,—and please remember this: their job is to get fighting men out there. The first thing that comes up is men, the next thing ammunition, the next food, and the wounded man goes back when it is convenient. There is no other way. Then from this separating station—I forget the technical name of it—they are then taken back to a place where there is another sorting out. They are put into hospital wagons and brought back thirty miles, and it may take twenty hours to bring them back. The first thing is to get organized and get food to the fighting line. The hospital trains were beautifully managed and beautiful things. Ordinarily, when they were coming to us, they were brought out to a camp five miles away, and then they were distributed by what the British call lorries, or motor ambulances, to the different hospitals. The transportation of those men is a miracle of effectiveness from the time they leave Rail Head until they are put into the camps. Nothing in the world can beat it for efficiency. One day you may have nothing, five days you may have nothing, and then you may get four or five hundred within a very short time. The patients usually come at night by train from Rail Head, usually delivered at night. We would be notified, say at half-past nine, that we might expect a convoy of so many trains and so many lorries; and along about eleven or twelve o'clock you would see down the street the headlights of a motor, and soon one of those big lorries would pull up in front of the camp, and perhaps forty or fifty men, all in khaki, would drop off of this thing, like ants off sugar, and walk through the admission tent, so called. As they go through the admission tent there is a table and a register, with one or two clerks. On each man's chest is tied a big card, on which is his name, regiment and regimental number; also on that is written a professional diagnosis. As each man goes through, the head clerk reads this card and tells him what ward or tent to go to. After the lorries were out of the way, then the ambulances would come, four men to an ambulance. The drivers would stop, and it was always interesting to see how extremely gentle the motor drivers were. These men coming on the lorries were usually tired to death and dirty—practically all of them ambulatory cases—and there was never a complaint. I never saw anything like it in my life. Then came the stretcher cases, four men to an ambulance. The ambulance stops, men step right in, take hold of the stretcher and pass out with it as quickly as I am describing it. I have seen 140 men, including

40 stretcher cases, brought in, admitted, registered, assigned to their tents, taken to their tents, undressed and some of them given a bath, and all of them given either beef tea or chicken broth or milk, inside of twenty minutes. There is not a civilian hospital in this country that could touch it.

Now as to the character of the wounds! We took, by the way, three dental officers with us, and do not forget that the dental officer is one of the most important men connected with the medical staff of the present day hospital. The character of the wounds! Just ham-burg steak and junk; that is all there is to it. People have said again and again to me what a wonderful experience it must have been. More surgery is done here in a month in a civilian hospital than is done there in a year and a half. It is digging out junk and treating shrapnel wounds,—tetanus really, because they are hardly ever inoculated with antitoxin at once. There is a moderate amount of gas bacilli present in summer, a good deal in winter, in shrapnel wounds. There were a very few bullet wounds received at that time, and there are said to be much less now. Shrapnel raises Cain. I have seen a small piece of shrapnel hit a man in the elbow and come out at the shoulder, and there wasn't enough left between that elbow and shoulder to amount to anything, just jelly. You see they are all late cases.

There has been a great deal of talk about Carrel's method of treatment. His method was tried out almost up to the front line trench, but I am personally yet to be convinced of that theory for late treatment. There were when we went there a few gas cases. We had while I was there no acute gas cases. The eye cases are quite numerous. There are frequent cases where a shrapnel shell bursts, the dirt is blown and makes a sand blast across a man's eye, and it injures the cornea on both sides. There are quite a number of ear cases from gun concussion.

This is the sum and substance of the work in the evacuation hospital. In a base hospital it is a different story, because there you are going to get very late compound fractures, and your nerve surgery, which will be of interest. In the evacuation hospital it seems to be pretty stupid.

Now, as to the character of these men! I have never yet heard a British soldier complain or groan—never. Of course by the time a lot of the bad cases get down there, they are not able to do much groaning anyway, but the others are the most patient, enduring lot you ever saw in your life. Courageous to a degree, they take their gruel and never complain.

I saw two cases of syphilis among 1,000 men. Now, that is not true of training camps. Some of the troops, particularly some of the

Colonial troops, have been shot to pieces in that way. In the front line trench they are too much engaged for that thing to be very possible. I saw no case of gonorrhea, and, as I say, but two cases of syphilis.

There is a very human element among those men. They told a great many amusing stories. It emphasizes to my mind more than anything else the business aspect of war. They were over there to kill the other man, and that was all there was to it. To illustrate this spirit, one eighteen-year old fellow told this story: One day the Germans made an attack and took a front line British trench. Three days later the British took back their own trench and the shoe was on the other foot. On being asked how they did this, the youngster said: "Oh, the hoffer pointed them out to me, sir, and I spried them a few minutes with a machine gun." They were not taking many prisoners at that time. Some of you may have known of the men who went over in the Princess Patricia regiment, Canadians and English remittance men very largely. They got caught in the first gas attack and it must have been frightful. It broke the Canadian line open across a very wide front. They waited two hours for the gas to clear up and were caught on a field just as flat as this floor. The English all said that the Charge of the Six Hundred had nothing on what the Princess Pat did that day. When they went back they found two of their officers crucified with bayonets against trees. They never took a prisoner afterwards.

The bombing game was not as active at that time as it has become since. They told us this story: that a man in a British charge steps up on the top of a trench with his bomb. He says, "How many of you are there down there?" They say "Four." He says, "Divide that among you," and throws down the bomb.

Now, as to the food in those hospital camps! You could not ask for anything better. You are fed in those hospitals on camp rations. You are given so many ounces of meat and so many ounces of starchy food, and so on; but if you have had your breakfast eggs and bacon and think you would like another helping, you will find you are all done. I remember some of the nurses burst into tears when they found they could not have a second helping of meat.

The point of view of the British is rather noticeable. I was introduced to men again and again over there who said: "Oh, you have come over to help us! Very fine, very generous!" Then they would hesitate for a minute and say: "We don't see how you happened to be here." Then I would explain that I thought their job was my job, which was the truth. They would be very polite about it, but they would say: "That does not represent the opinion

of your countrymen at large; just your personal opinion." Now, you see, it does represent the opinion of my countrymen at large. At a dinner party given by Sir Sam Hughes, one of the Canadians turned and said to me: "Nichols, you don't have to explain why you are over here. Of course you are over here." Now of course we are going to be over there.

The food was excellent, but the cooking was atrocious. When the army started it had a full quota of cooks; but there were not enough cooks to go around with this enlarged army of about two million men when we were there. Our mess cook was a man who six weeks previously had been a Welsh miner. His conception of cooking was very queer. He applied fire to food and that was about all there was to it.

Just one other thing about the character of the wounds in those places. There should always be a dentist to go with these men who has had operative experience. The things they do with their so-called reconstruction work are most remarkable. We had with us Dr. Kazenjin, from the Harvard Medical School, said to be the most expert man in his line in this country, and a marvel among dentists. He is now more thought of than any man we have sent over there, because of his great skill. It is no teeth-filling job, although the British teeth are terrible; but it is a job of reconstructive post-operative surgery.

The life in one of those camps in summer is not bad; in winter it must be rotten. Just remember that the western fighting line is on the same parallel as the southern coast of Labrador. Everybody forgets that. In summer the days are long, with long twilights, and it is warm during the day; but in ten minutes after sundown you would freeze to death. I slept under three blankets every night I was over there, with two exceptions. If any of you are going over there, do not wear the same clothing that you wear here. You will be sorry if you do. In the winter the nights are very long, and the sky is lowery by day nearly all the time,—wet and cold.

One thing that bothered us free-born American citizens a good deal was the censorship of our mail. Every officer has to sign his name and hospital on the outside. All his letters are liable to inspection. Every letter written by a nurse or by a soldier in the camp must be read by a medical officer of that ward. When we first found that out, I thought the nurses would have a riot. When they found that the letters to them were not to be read, however, they were much more satisfied. One of the men, an old friend of mine, was chosen as the nurses' censor. We never dared to tell who he was.

The English soldier after he is once straightened out, after the

next morning, is the nicest thing you ever saw; clever, intelligent, high grade men, a great many of them, just like our own high grade militia. They are very amusing and always full of their jokes. One of them wrote home to his aunt as follows: "Dear Aunt: As I pen these lines, the sound of bursting bombs fills the air. I should like another dozen eggs." You will appreciate this when I say that we were thirty miles back of the line; although, if you went on top of the hill, and the show was going on and the wind was right, you could occasionally hear a rumbling noise. We were some distance from bursting shells, but he did want the eggs.

One other thing! We have heard a great deal of talk in this country about English inefficiency. Do not fool yourselves. I guess when they started they did a job almost as bad as we are doing now; but at the time we were over there they were doing a beautiful job of organization. Of course they were slow. I have said many times to my friends I have made among those British officers, "Well, it seems to me it is a beautiful job, but I think we should have done it quicker." I think we will do it quicker.

In a general way, the life in those camps is pretty comfortable; but I should prefer being in town in the winter. The sickness among the medical staff and nurses in winter is very high. Moreover, the Germans control those coal fields, so that the French have been pretty short of coal. I should hate to be there in winter, although I may be yet. Otherwise, it is not so bad. They have done a very good job in a comparatively short time. I hope we do as well at the end of a year.

Now there are two or three things in connection with this game that I want to mention that apply to ourselves. The people who are going to carry on this thing, so far as all of you medical men are concerned, are the Red Cross, officially accepted by the army, with no authority as I understand, and the Army Medical Service. Now those of you who are interested in the Red Cross had better bear this in mind. The Red Cross is an independent organization. It is up to every single medical man from this time on to make it his business to know about the Red Cross. The conception of the Red Cross is beautiful. The administration of the Red Cross at the present time is to my mind very poor. For instance, they are sending their nurses over there—these are mere details, but some of them are important—they are sending Red Cross nurses over there with white pique uniforms for field duty. Who is going to wash those white pique gowns? Who is going to starch them? If they get any starch over there, they are going to eat it and not waste it on white pique gowns.

American Red Cross dressings. I doubt if many of you have

gone into the detail of that question. R. C. 126, published last December (I think it has been replaced by a later one, but not officially so) in all the Red Cross centers demanded that women use for Red Cross dressings No. 1 A gauze. There is not a hospital in this country that uses No. 1 A gauze. Everybody else uses No. 3 gauze. It costs less than half as much. The so-called drawn thread dressings are of a type so inadequate that, truly, the last time I saw some of them being used, they were being used either as flatiron holders or as face cloths. They are excellent for both those purposes. In other words, the Red Cross dressings cost more than double. They take—and I have had this done by trained nurses—eight times as long to make, and they are not so good as the so-called ally dressings that are being furnished by most of these relief committees throughout this country. Look into that condition yourselves; and, if you are convinced, protest about it. It is a useless waste of money and material.

The army instruments required are to be taken by Red Cross units. I, personally, have raised among my friends something like \$2,000 to provide a decent instrumental equipment for No. 7 Red Cross Hospital. It is a fact, and I am not exaggerating a bit, that the instruments required by the army regulations are such that I would not order them for an animal hospital. I would not have the junk around. Yet those Red Cross hospitals, up to the present time, have been required to buy that junk. You had better look that matter up, too.

One other thing! There has been a good deal of talk about what the civilian has got to learn about the army camp. He has got to learn camp hygiene. It is not difficult; it is very simple. Upon my word, I think a man of good intelligence and industry could learn the whole camp hygiene game in two weeks. I am sure we did, because Dr. Allen Greenwood, who looked after our camp hygiene, when he came home got the highest commendation of any man in that 40,000 bed sector. You have got to look after all your refuse food and so on. The camp we were in was the cleanest place I have ever seen. I have never seen any public place that approximated the cleanliness seen in those British camps.

In closing there is one word I want to say. We have got to win this war, because, if we do not, there is nothing that makes life worth while for men like us going to be left. That is just as sure as the sun. The medical profession, so far, in this country, and I have had a chance to see quite a bit of it, is going on the principle of letting George do it. Now George isn't going to do it, and it is up to the medical profession to wake up and face the situation and begin to

make their sacrifices now, just as sure as fate. There are approximately 147,000 doctors in this country who have been saying, "Let George do it; there are plenty of others." The army counts on one medical officer to every 100 men. They are going to call in the autumn for 500,000 men; that means 5,000 doctors; and if the United States is called on to raise 2,000,000 men, that will mean 20,000 doctors. I wonder if you have any idea how many men there are in the United States Army Medical Service? There are approximately 450. Look at those figures! The medical profession has got to take a living interest in this game. It has got to make its sacrifices now. I have been trying to raise a so-called No. 7 base hospital. A lot of men came in early in the game when it looked like brass buttons and brass bands. Then they found we might get into trouble, and some of them dropped out and were replaced. Then some more dropped out. One said that his wife was going to have a baby. One said that he had just bought a new house. Now if we are going on any such basis as this in this country, we are going to get the most beautiful licking anybody ever got in this world. The medical profession has got to get into this game. I have no doubt that this country will pass a conscription law which will catch everybody up to forty-five. I think it is up to every one to plan what he can do, to interest himself in the Red Cross and in the army. Do not misunderstand me a second about the Red Cross. The conception of the Red Cross is beautiful; but I think the present administration of it is extremely weak. I think, gentlemen, that it is the business of all of you to make your concessions now, to make your plans now, and to go and get ready to do work now. If you wait, we are going to get a licking just as sure as the world. (Great applause).

PRESIDENT HART: Have any of you a question that you would like to ask Dr. Nichols?

DR. WARREN: Dr. Nichols, would you go again?

DR. NICHOLS: I think I shall have to go again, sir. I am top surgeon of No. 7, and we are under orders. I am not anxious to go again if that is what you mean, sir. A lot of things would interest me a great deal more.

DR. JACKSON: Under what conditions does a man work in the Red Cross,—the difference between that and the army?

DR. NICHOLS: The Red Cross takes men for base hospitals, and a man joining those Red Cross bases in peace time is given a commission on the Officers' Reserve. When war comes, he automatically goes into the army service and is subject to orders, except that these

base hospitals are reported as bases, and the original agreement was that the men should not be transferred from those bases. As a matter of fact, owing to some mix up and trouble with a card catalogue, men have been ordered to training camps; but they will be sent back to us. Now when you take a commission in the Army Reserve, you sign it for what you are asked to do. For instance, if you have taken a reserve officer's commission recently, you will go where you are sent; and you may be sent to the front line, to a dressing station, to Rail Head, or to a base hospital. As a matter of fact, very few men except those taken originally will get a chance to go to a base hospital, because all the base hospitals have been very carefully selected. You can volunteer to join the Red Cross, but that does not necessarily take you into the army. There was at first no official connection between the Red Cross and the army. A man going straight into the Red Cross does not agree to join the army. A man joining the Officers' Reserve, *ipso facto* goes into the army when called.

A MEMBER: The Red Cross, then, has no official army position?

DR. NICHOLS: Not at all. I do not think the Red Cross will take you at present. I think you would have to go into the Officers' Reserve.

DR. WARREN: Was there a good deal of sickness among the medical men, and, if so, what was the type?

DR. NICHOLS: Oh, colds—pneumonia. It is impossible to properly heat a tent in the winter.

DR. DAVIES, of Augusta: A great many medical men have been killed on the front. How does that happen?

DR. NICHOLS: A front line trench is a very unhealthy place. The mortality back of the line has been no greater than you would expect. Carrying the medical officer into the front line trench is ridiculous, because there is nothing you can do for those men there. All you can do there is to put on an iodine dressing, and that could just as well be done by a medical orderly. There is no sense in sending a doctor out there. Of course, men go to the dressing station when an immediate operation might save a man's life; but the percentage of loss among medical men, which is becoming very serious in England, more than offsets the advantage. Personally, I think the front line station ought to be looked after by medical orderlies; because you can replace an orderly in two months, and you cannot replace a doctor in some years.

The members expressed their appreciation of Dr. Nichols' talk by a rising vote.

MEDICAL PREPAREDNESS.

By DR. W. L. COUSINS, Portland, Me.

Mr. Chairman, Gentlemen of the Maine Medical Association, and Guests :

I informed Dr. Gilbert that I would be very glad to make a short talk upon the subject of "Medical Preparedness," and I can only say to you what I have been talking about for the last year ; in other words, repeat what many of you have already heard me say, that this country is woefully in need of medical men. A year and a quarter ago I was asked, among others, to organize a committee—a branch committee—of the Council of National Defense for medical preparedness for the State of Maine. That committee consisted of seven men, selected from Bangor, Rockland,—including our President, Dr. Hart, and our Treasurer, myself, Dr. Abbott, of Portland. The personnel you are probably all acquainted with. At that time we were asked to ascertain the number of men in Maine who held a commission in the Medical Officers' Reserve Corps, and we could find but eight. Upon the declaration of war, I wrote to Washington and ascertained that at that time there were still but eight men out of, we will say, 1,100 medical men in the state. Following this, we were authorized to forward to Washington the names of 200 medical men whom we considered competent to act as officers in the Medical Reserve Corps. We not only specified the names, but we were asked to specify the specialties which these men practiced, because experience has taught us that this is not the war of the general surgeon alone, but it is a war where specialists particularly are needed. The general surgeon is going to do general surgical work, the eye man must do his work, the orthopedist must do his work, the neurologist must do his and the aural surgeon his ; in fact, every specialty is included. The condition of the men as the result of the terrible fighting they have been through has left them in such shape that men skilled in diseases of the nervous system have been particularly appealed to. Therefore that is the reason for selecting 200 of Maine's ablest men according to the judgment of the committee elected to select that number. These names were forwarded to Washington and they are upon record there. Following this, we were asked to look up all of the available hospitals in Maine, including all classes, general hospitals, special hospitals, private hospitals. This, of course, included the tubercular sanitariums and all private institutions, because they will all be drawn into it sooner or later if this war continues. They were each sent a blank in triplicate which they were asked to fill out, stating their facilities for handling patients in detail. One of these they

were to retain themselves, and they were to return the others to Washington, one to the surgeon-general of the army and the other to the surgeon-general of the navy. These were for the particular reference of each of these departments. It has only been a short time since all of them were returned, and I am inclined now to believe that all are not yet in. It embarrassed the government, particularly because the hospitals did not respond quickly in the filling out of these blanks which were sent to them to be filled. We are very apt, as medical men, at this time to criticise the government for not being more prompt in answering some of the questions which have been put up to it through its agents, members of the Examining Board for the state. I do not feel as if these complaints are just, because there is so much work being done at the present time in Washington that it is impossible to answer these queries as promptly as they otherwise would be. On the other hand, they have waited for us one year and a quarter—some of the hospitals. That means that the medical men in charge of these hospitals have caused the government to wait a year and a quarter, and they are not all in yet.

Following this, in order to get a better knowledge of the medical personnel of the state, it was decided by the committee to send out a questionnaire, which undoubtedly most of you men have seen and have had the privilege of filling out. This is for the purpose of enabling the committee, as well as the government at Washington, to immediately put a finger upon the man who has enrolled, and see what his standing is, and what is the best disposition to make of that man, having in view the qualifications which this questionnaire shows him to have. This has been responded to by the medical men wonderfully, and it is of great assistance to us. We were authorized to appoint sub-committees, consisting of five or more men, to be known as an auxiliary committee, and to the chairman of each of these sixteen committees—one for each county—we sent this package of cards. He and his committee then got busy and saw that they were properly filled out. I think it was one of the quickest and best pieces of work I have seen done since I have been on this duty during the last year and a quarter. Our medical men responded well.

Now as to the number of medical men Maine needs. If we should raise the army, as it is now proposed, to 1,900,000 men, it will necessitate theoretically the enrolling of seven men to the thousand; but at the conclusion of the Civil War we had nineteen men on medical duty for each thousand troops, and now it is deemed necessary and wise that we should begin with a reserve medical personnel of twenty men to the thousand, owing to the changed methods in modern warfare, which would bring our number up to 38,000 medical

men. Your committee was instructed to enroll 200 men from Maine. Now supposing 38,000 men are necessary. You probably know that we have 143,500 medical men in the United States. We will graduate this year from the various schools and colleges 3,500 more, making a total of 147,000 men. Take from that 38,000, and it is only going to leave you about 109,000 men in the country to do the regular work; and out of that number there will be a great many men who, owing to age or physical infirmities, will be totally unfit to carry on the work. So the strain upon the medical resources of this country is going to be something enormous should this war be carried on for the next two years as it is being carried on to-day. We do not want men for active field work, unless they are peculiarly fit, much over forty-five. We want young men for active field work. I believe now that there are so many men around the age of fifty-eight and sixty who are physically fit, that they have extended the age limit to sixty. They have not said so in so many words, but that is what it means. If a man is physically fit at sixty, we want him, and his duty will be in some base hospital, where he can do good, solid, substantial work without too much strain. We have felt rather piqued that the medical men have not responded to this call. I know for a fact that out of, we will say, approximately 4,500 medical men who have applied for enrollment and a commission in the Medical Officers' Reserve Corps, less than one-half of them have qualified or have completed their enrollment, and some of them have had eight and nine months in which to consider the matter. This, of course, is very embarrassing to the government, when at the beginning of this war we had but 440 medical officers in the regular army, and it is going to require as many as I have said, to have all these men—2,500 at least—hold up these commissions and keep the government in suspense at this critical period. It has seemed to me almost unwarranted. I know for a fact that men who have received commissions have been to Washington and have asked the heads of departments to be excused from duty. One man's excuse was that it was so sudden that he could not think of leaving his practice which amounted to \$50,000 a year. I know what the Colonel told him. He said, "If you are getting \$50,000 a year, you are the fellow to go." He said, "You will proceed without delay to your post," and he went. The next man came in that very same day and made the same statement, only he did not say that he had a \$50,000 practice, and he was ordered to his post of duty. Now they are framing up various excuses, but at the present time the government is in no mood to accept the excuse of any man who has repudiated his enrollment, unless it is for a case of actual physical disability owing to sickness or accident,

It seems to me that at this time the young medical graduate has one of the greatest opportunities that could ever be offered him, not only for making a living immediately, but for making a reputation ; and, if he should decide to go into the regular army, which I feel would be desirable for a large number of the young men, he would be assured of a salary to begin with of \$2,000 a year, plus his traveling expenses and many other incidentals, including house rent, fuel and light. He must buy his own food which is supplied him at cost to the government—actual cost to the government. A young man could do much worse by going into general practice at a time like this.

In Maine, up to date, we have the original eight I have mentioned, and we have had at our office in Portland fifty-nine applications for enrollment to the Medical Officers' Reserve Corps. Dr. Whittier informs me that he has had twelve in addition to that, which makes us over sixty already, and our quota was given out as two hundred at the beginning of hostilities. Now I feel that in this short time that as Maine has already signified her willingness by applying for over one-quarter of the positions offered her by the government, she has been doing pretty well—remarkably well ; but the greater portion of the credit is due to the older men and not to the younger. I have had an opportunity of seeing I will say fifty-nine ; I know them ; I know that they are not financially able to stand any great loss ; but every one of those men has come to me and said, "I want to do my part. I know that I must sacrifice something, but I am going to do what I can." Out of that number there have been seven or eight disqualified owing to physical defects. I hope that these men will not feel when they have been turned down or refused that it is due to any personal feeling on the part of the Examining Board, because we want to get in all the men we possibly can. There has been but one "kick" so far as I know, and that was because a young man came for examination whose right thumb was absolutely gone half way down. When I saw him I said, "I am very sorry. If you had written me, it would have saved you a trip to Portland." When I shook hands with him I said to him, "Your thumb is gone, and that absolutely disqualifies you for work." He tried to argue and say that he could do surgery with that hand, and I allowed that he could operate with it ; but I told him that the government would refuse absolutely to commission him under those circumstances. To-day I received word that I was rather abrupt, and that I should have carried him through the physical examination, and then should have suggested to Washington that he be not granted a commission. My instructions are, when I find a man is physically unfit, to stop there.

This saves time, paper, blanks, and a tremendous amount of clerical work in Washington. Now I was very sorry to offend him by not carrying this examination through, but I did as I was instructed and I used my best judgment in doing it.

A MEMBER: May I ask you if you got that "call down" from the man himself or from Washington?

DR. COUSINS: I got that from the man himself.

The first question Mr. Balfour asked on arriving in this country was, "How many medical men can you send us to France?" He said that they were sadly in need of all the medical men we can send them. I was in Washington a short time ago, and the Department of National Defense informed me that we were to send over regularly 200 physicians monthly until 1,000 had been sent, and then as many more as we could by volunteering on the part of our American doctors. It is an actual fact that the men in France are dying because we have not helped them out. America has done a great deal. America has sent a great many of her very best men to Europe and she is going to continue doing so; but the needs are so urgent at the present time that it does seem too bad, to say the least, that more of our men cannot go.

There is another thing I would like to speak about here, and that is the physical preparedness of each individual for service. It is surprising to find the number of medical men who are physically unfit, owing to some little defect which could be remedied, or which could have been remedied in the past. Defects of the hearing, however small or wherever located, throw one out. The loss of a thumb throws one out; likewise a flat foot, or any unsightly scar, like the loss of a portion of an ear, or a hair lip. A man may be physically fit and mentally fit to do the work, but the government only wants those men who are apparently perfectly well, allowing but few exceptions. I believe the time will come, gentlemen, when many men who are thrown out to-day will have an opportunity of reapplying for a commission, or, in other words, they will be asked to reapply, and these slight physical defects will be waived.

There is not very much that one can say to medical men, and it is far from my duty to tell any man that it is his duty to enroll; to ask him or to tell him that it is his duty to apply for a commission from the United States government. Everywhere that I have talked upon this subject I have said that I believe that the medical men of Maine are sufficiently honorable and trustworthy to leave to their own consciences what they should do individually. I believe no man has a right to tell another man that it is his duty to go to war, and I

know very well that it will not be necessary, because the men are going to do that which is best after they have thought it over. I will say this: I feel that if there is any doubt at all about this matter, it is up to the young man recently graduated and unmarried to do his bit with the other men who are older and who are already enrolled.

I thank you, gentlemen, for listening to me at this time. I wish there was a great deal more that I could tell you. Possibly I might answer questions and clear up some things which are in your minds and which I have not touched upon. (Applause.)

THE PRESIDENT: We have present with us two delegates from the State Medical Association of Massachusetts, Dr. Scribner and Dr. Fernald. (Applause.) I will say to those gentlemen that we would be very glad to have you participate in the general discussion of the questions, and hope that you will make yourselves at home. We have about five minutes which we can devote to patriotic speeches if you are ready for this subject on which Dr. Cousins has been speaking.

DR. ROBINSON, of Portland: Mr. President, I do not desire to make any patriotic speech; but in regard to those men who desire to help and who are unable to pass the physical examination, there are a great many opportunities in England and France for civilian doctors to serve in civilian hospitals, which are doing more or less base hospital work. England is practically stripped of her medical men and surgeons. Practically all have been sent to the front, and men are coming in from the country districts to look after relatively large hospitals in the cities of England. There are a number of medical men in this country who have been sent over, especially in the last few months, to fill such vacancies, and the need at present is still very great. If those men who wish to serve, and have not the opportunity of serving because of some slight physical impairment, would do this work, I think this is a splendid opportunity for them to come forward and aid in helping out the medical problem of the allies. (Applause.)

DR. HANEY, of Portland: Mr. President, it is surprising to me that this subject that has just been discussed by Dr. Cousins should be met with silence on the part of this association. I do not know that that means anything special; certainly, I do not believe that it means lack of patriotism or lack of willingness to do something. I will admit that at the present moment it would not look as though I should have very much to say; but I will take a minute to explain my own position. I think that why more discussion has not been going on is the fact that the men of Maine have not really awakened

to a realization of what we must meet before we get through. I have been for the past weeks and months where I have heard different groups of men discussing these things,—men in our own profession. I will say that I know personally of men, friends of mine whom I met in New York—I have in mind one man who was, on a conservative estimate of his friends, giving up a practice worth \$50,000 a year. That man, I think, to-day is in charge of one of the hospitals in the navy yard and has left his private practice. He is only one; I know of others. Take it in the operating rooms of the hospitals of New York and Boston! I have in mind being at the Peter Brigham Hospital in Boston one morning not very long ago when one of the surgeons was performing a difficult operation. It was mechanical with him and his mind, his thoughts and his talk were on what was transpiring in France and in England, and what we must do in this country, and, of course, chiefly what the medical men of this country must do before we get through. That same man had just returned from Washington where he had had a conference with, I think, the surgeon general,—at least somebody in command. The point I want to make is that the sooner we awaken to the fact of what we must do before we get through, the better off we will be. Now there are those of us who are within the age and we must get into service. Some of us have not made a move as yet, but I believe we will. Now this is a war of specialties, even in medicine. There comes the question of where the man is best fitted and can do the most good. I believe all of us will have to go in. If you will pardon a personal allusion, the fact that I have not done anything yet does not mean that I am not going to; and I believe the same to be true of a majority of the men present. I have had two years' experience as a line officer, and the question arises: Shall I go into the medical service or into the line? I have already been in communication with a line organization, an entirely new division of troops in this state. The question arises, where shall I go? I do not yet know where, but a year from now will find a lot of us in service. (Applause.)

DR. WARREN: Mr. President, it seems as if every man here was looking right at me because I have not volunteered as a medical officer in the army. The only reason I have for not doing so is that my specialty is not accepted. Age hasn't anything to do with it, but, unfortunately, men do not have babies. I do not know of any other reason why Dr. Cousins did not accept a request from me to put me into the army. I think that Dr. Haney is right in his idea that Maine knows nothing of what is going on. Last week I was down to New York, like a great many of our men, and the war question was cropping up all the time in ways that were very suggestive.

For instance, when I go to New York I always go to the Yale Club for a hotel. They have a new two million dollar building, and in the top story is the dining room. On the menu card was a 35-cent breakfast, 50-cent breakfast and 75-cent breakfast; dinners, 65 cents, 85 cents, and \$1.00. Now just think of it! On the front pillars of the dining room is this card: "Guests will please not order expensive meals owing to present conditions of the country." Think of that! That is war. I came up in the sleeper. I always put the blind up so I can see what is going on. When we got to Middletown, a flash of light came into my berth, and I awoke. We were crossing the Connecticut River, and the flash of light came from searchlights playing up and down the bridge and up and down the river. There were soldiers everywhere with guns. Yale College has a new building, furnished by contributions from the alumni and from the government. It is a new armory, where there are to be kept 150 horses and 60 men until the close of the war. The gentleman who was taking me about was one of the professors of the college, and we walked up to this building, which is not quite done. There were a couple of boys there—boys they were, about seventeen years old, in khaki. As soon as we came to the door or doorway—it hadn't a door on it—they said, "You can't go in, gentlemen." My friend said, "I am the professor who drew the plans of this building." "Oh," he said, "that is all right; you can go in." That is war. The professor took me to ride in his auto through the city, and he said: "This building down here is part of the Winchester Arms Company, and it is a mile long on either side." Think of it, a mile long on either side, and they won't allow anybody to go within a certain number of streets of that building. Every alien in that ward is required to live outside of the ward and is not allowed to go into the ward at all. That is war! What do we know about it up here in Maine? I wish I was twenty years younger, I would be in it myself. (Applause.)

DR. JORDAN, of South Portland: Mr. President, I believe it is the duty of every physician in Maine to urge every physician to do his part and to help each other to do it. When this war broke out, tears almost came to my eyes because I could not enlist, because I was beyond the age. My father fought and bled for this Union and I wanted to do my part. When I found that forty-eight years would not keep me out of the Medical Reserve Corps, I immediately made application and took the examination. I am not leaving a \$50,000 practice; I am not leaving a \$5,000 practice; but I am leaving a happy home, a beautiful wife, and one of the finest children that ever lived; but my life is for my country. (Great applause.)

DR. POWELL: Mr. President, I do not think anyone who attended the sessions in New York could come back without feeling a great weight of responsibility hanging upon him as an individual. The whole trend of that meeting seemed to be toward and about war and what it meant to the medical profession of this country. They did not hesitate to set before us the dangers and the difficulties that surround medical men. They especially emphasized three things: First, that a minimum of 21,000 men and a maximum of 28,000 men would be demanded from this country; secondly, that men under thirty-five (which is a great disappointment, I know, to many of us) would be the ones who would go across for active duty there; and, thirdly, that the demands being made upon the medical men of the allies were something fearful. They did not try to minimize it at all. I will cite one instance. Franklin B. Martin, head of the American Commission, made the statement that sixty-six of the medical men were wiped out in one hour during activities on the western front. I think that is beyond the comprehension and realization of the most of us. It certainly struck me as beyond the range of probability, if not possibility. The papers quoted Col. Goodwin as stating that 60,000 medical men had been wiped out during the present conflict. I misunderstood him if he made that statement, but, at least, it was approaching that number. I understood him to say that about 60,000 medical men were in the service, but not that number had suffered fatalities. It was admitted, however, that the fatalities among the medical men were greater than that of any other part of the army. I had the privilege of talking personally with Col. Goodwin, of the British Commission, and with Martin at Washington, and their one urgent appeal was that every man who was at that meeting should get back into his own state; and, if he happened to be a member of a county committee, to get busy. Martin said to me personally, "Go home if you are on the county committee, and get busy, and line up every man in your county who can possibly go. Mark definitely the men who can best and easiest go, with the least sacrifice regarding family, children, and so forth; and that is the work that we are going to put upon the county committees, and we are going to put it on them immediately." "And," he added, "I could, because I am a member of that committee." But the problem as it was put before the men there in the session was as heavy a problem as could be put before a man under any condition. I believe, with the last speaker, that it is absolutely our duty to urge, not only in our own minds and our own hearts, that we as individuals do what we deem best under the conditions, but that we try to show the other man. (Applause.)

DR. HANEY: Mr. President, if I may be allowed to make one more suggestion: I fear that the medical men of our state, and quite largely over the country, have the idea that a medical education alone is sufficient for any position that they may be called upon to fill. Gentlemen, that is not all. For instance, referring to the remarks of the last speaker as to the casualties, you must understand that those casualties were largely among the ambulance officers out on the firing line. Now I wonder if we realize what knowledge the officers of an ambulance company must possess? The officers of an ambulance company must, first of all, be M. D's. Secondly, the officers of that ambulance company, the captain of the company and the four lieutenants under him, must be ready to automatically move into his place in case he vacates it for any reason; must be military men of sufficient experience and knowledge to command an ambulance company, which consists of 150 men with the equipment—first to fight, and, secondly, to take care of the wounded. It means a knowledge sufficient to take care of that equipment, to uphold the discipline, the order, of his company, ration his company, feed it and take care of it in the field. How many of the doctors in the State of Maine have that knowledge, and, if not, how many are trying to get it?

DR. BENNETT, of Aroostook County: Mr. President, in my county, which is known as the back pasture of the State of Maine, we have a lot of doctors; but Aroostook County does not know very much about what is going on in Europe, perhaps not so much as you do here. We read the papers, we split wood, and we drive the automobile some; but Presque Isle has got into the spirit somewhat. They have erected, I should say, twenty-five flag poles up there, have had an ex-President up there to speak to them, and have aroused some enthusiasm. Several men have made application and some have been examined. Whether they have been accepted or not, I do not know; I hope they have. I am going to try and take the examination myself to-day, but I may not pass, because I am getting old. I hope I will pass; still I am, like a lot of others, hesitating a little bit between duties at home, family ties and so on. I am satisfied, however, that the government needs me, and, if I pass the medical examination, I am going. Of course, it is an awful thing to think about, that we have got to go over there and help fight in a war that was none of our making; but we are in it and we have got to see it through, and I am willing to do my bit, over there or here or anywhere else, and do it as well as I can. Now I think I can do anything from digging a ditch to taking out an appendix. I may not do

it as well as some others, but I will do it as well as I can, and I hope that Aroostook County will send as many men as it possibly can to do whatever the government wishes them to do. (Applause.)

THE PRESIDENT : Dr. Cousins, have you anything to say in closing this discussion ?

DR. COUSINS : Gentlemen, with reference to what the gentleman just said in regard to Aroostook County, I saw by the morning paper that 77 per cent. of Aroostook's full quota of enlisted men had already enlisted. I was in Aroostook about three weeks ago and I examined several men there. This was at their county meeting, and at that time several men signified their desire to enroll at this meeting, and I would like to say that the rest of the day, so far as I am personally concerned, will be devoted to those men who wish to complete their enrollment. I will be at my hospital. I have my car here and I will take out as many as it will hold, and send it back after others, if you want to come.

What Dr. Haney said in reference to the ambulance corps is perfectly right ; but all medical men are not military men, though they are capable of learning. These medical men are going to have the experience of a three months' intensive training somewhere in Pennsylvania, or possibly out to Ayer Junction, where there will be from thirty to forty thousand troops, I believe, in a short time ; and before they leave for France they will either qualify or they won't go. We are not going over there with a lot of untrained men. You may blame Mr. Wilson or Mr. Baker, and all the other heads of departments, but I believe they are doing what they know to be right in not sending poorly trained men, even though we did not begin three years ago. The whole story is that they are going to be prepared before they go over. Now we are going to find some men willing to prepare.

The first ambulance corps which was raised here in Portland, called the Red Cross, it was necessary for me, at the request of the Red Cross, to organize its medical personnel. Dr. Ernest Folsom, of Portland, volunteered as captain, and Dr. Allen Woodcock, of Bangor, first lieutenant. Dr. Robinson, the son of Dr. D. A. Robinson, volunteered as a first lieutenant. Dr. Scribner and Dr. Scammon also volunteered. There was but one man out of Portland, three out of Bangor, and one out of Millinocket. Gentlemen, I am now hunting for a captain, a man whom the Department of the East will accept for the ambulance company which is now being organized. We begin to-morrow the examination of enlisted men, and we must have a first-class man to head that company. We have at the present time Dr.

Williams, who was one year at Togus, a native of Wisconsin, Dr. Charles McDonald, of Portland, Dr. Clark, formerly of Portland, who has returned here and is to undertake this work, and Mr. Carter, who will receive his degree the twenty-first of this month, and who has been associated with me during the past year. These will constitute the four first lieutenants to go with this ambulance company. Now we must have a man of experience, a man who knows how to handle men, a man who is willing to learn, a man who is willing to go whenever the government sends for him to receive his instructions in one of these training camps. I hope that we will be able to get that captain from Portland. (Applause.)

YOUR PRESIDENT'S PROGRESS.

In times of ordinary peace it would seem, as in the history of the past fifty years of the association, that there would be no need for the President to tell his fellow laborers what he had been doing since his election. But now that we are at war, such a step seems advisable, in order that we may keep in touch with one another, both at home and in distant fields of service, in training or in actual war. Shoulder to shoulder should be our motto so long as the war lasts. In that spirit, let me tell what I have so far accomplished.

Immediately after my election I came home and wrote the brief letter encouraging members to enroll, and which has already been seen in our JOURNAL. A minute later I had chosen the theme of my annual address for 1918 and have it now off of my mind.

The 20th day of June found me at Brunswick attending the dedication of the Dudley Coe Infirmary, at which Dr. Standish, of Boston, and Dr. Whittier (now Captain Whittier), were the speakers. Directly after the exercises I inspected the new building minutely and was delighted with its arrangements and its most agreeable and healthful position amidst the pine trees rising close to the solarium. Not only is this infirmary a splendid memorial to a well-beloved son, but from the fact that it has been endowed with means of support forever, it is more than usually worth remembering and praising. Too often,

alas, handsome buildings are given to colleges without a cent of endowment for running expenses.

For the 28th, I had an invitation which pulled me urgently one way, and another a good many miles in another direction, one being to a dinner at Belgrade in honor of the fiftieth year of practice of our famous comrade, Dr. Frederick Charles Thayer, of Waterville, the other being to attend the York County Meeting at Old Orchard. To the last named I said I would be on hand. This took place at the Old Orchard House, where we enjoyed excellent war speeches from Dr. Kendall, of Biddeford, and Powell, of Saco, M. R. T. C.; an excellent essay on topics connected with Insanity from the pen of Dr. Tyson, of Augusta, and your President spoke on the war, urging that both medical men and the wives of medical men should make sacrifices for the nation, so that the quota of Maine might be filled at an early date.

Directly afterwards news came of the successful dinner to Dr. Thayer, to whom we all send congratulations on his well-spent fifty years in medicine.

About the same day the first unit from Maine for ambulance service in our national army was fêted with a dinner and speeches were made. It is a matter of regret that neither the President of the Cumberland County Society nor the President of the State Association were invited to say a parting word on this unique occasion.

On the 2d of July I attended officially the funeral of William De Witt Hyde, Ex-Officio President of the Medical School of Maine, and after brief yet dramatic services I saw him laid to rest near the college over which he had so wonderfully presided for many years. He was indeed a man of great value to Maine, and will be greatly missed.

During the next few days I motored to various towns in York and Cumberland and discussed with physicians the probabilities of their enrollment. I was also at this time invited to attend the Hancock County meeting, at Southwest Harbor, but was regretfully obliged to decline owing to other engagements.

I have for many years invariably celebrated the French national holiday, the 14th of July, or Taking of the Bastille, by getting into the country as early in the day as possible, and this year I motored to Waldoboro, where our excellent Vice President, Dr. Coombs, and myself enjoyed a most delightful and satisfactory conversation on medical affairs connected with the Association.

About this time, also, a correspondence with President Wilson was begun, and soon afterward ended, as readers of the JOURNAL have already seen, perhaps—surely, unless, like a few criticisers of this JOURNAL, they “always throw it into the waste paper basket.”

I have also motored to Bath and Brunswick to visit physicians and to inspect the temporary camp of the Heavy Artillery Regiment when stationed there. In fact, it may be said that I never motor anywhere that I do not try to find the local physicians at home and to speak to them on enrollment.

A meeting of the Council was held August 6th, which is recorded in the current number of the JOURNAL, and it is to be hoped that the report will be considered as satisfactory in some degree to criticsers of our magazine, founded with good intentions.

Directly afterward I set off on a motor tour embracing the eastern part of the state, making my way to Machias, where I had the great pleasure of talking freely to the members of the Washington County Medical Society, to each one of whom I was given a personal introduction. My message to them was an open discussion of medical affairs in Maine, embracing the JOURNAL, health insurance, medical defense, and the need of enrollments of medical men to complete our quota. It was a pleasure to have so interested an audience. Afterwards questions were asked and the meeting was voted a success. Arriving at Calais, I saw various physicians and inspected the hospital at St. Stephen, where I was more than pleased with the arrangements and furnishings of the private rooms. From Calais my path led onward to Houlton, where many physicians were called upon personally and affairs discussed. From there I made my way to Presque Isle, and there enjoyed an agreeable talk with Dr. Dobson, other physicians being absent on vacations. Motoring on to Bangor and Rockland, I had the gratification at the last named place of meeting the members of the Knox County Medical Association, to whom I spoke, as before at Machias, adding new points on enrollment, and urging a careful study by every physician of the problems of health insurance, medical defense and the continuation of the JOURNAL. It is easy to find fault; what we need is help toward instruction in all of these items.

The great obstacle to enrollment seems to be that most physicians feel tied down to work at home; that they all look for higher pay and rank than that of Lieutenant, and that they forget that promotion follows very rapidly upon a display of skill and merit in the training camps for recruits.

During these months of office, I will say, in conclusion, that nothing has pleased me more than to have heard from enrolled physicians from Maine, many of whom have sent kind remembrances and valuable accounts of their training. It is impossible to print any extended portion of letters describing their work, but it is good news, for one thing, that they are learning French, for it will last for life and be of

great value to them all, whilst bodily exercise, the clashing together of the mentality of a large number of physicians, the putting and receiving of questions and answers on surgical problems, the study of disease and hygiene in camp, the preparations for military surgery, all combined, will elevate every physician now enrolled from Maine. May more follow their brilliant and encouraging example. Let every unenrolled physician search out his very soul, and see if he cannot make the sacrifice for the nation as our brethren in medicine have done.

Here the report on progress ceases, but will be continued later on.

J. A. S.

September 3, 1917.

MEETING OF THE COUNCIL.

A special meeting of the Council was called for August 6th and was attended by the President, Dr. Bryant of the sixth, Dr. Turner of the fourth, Dr. Whittier of the first, and Dr. Williams of the third districts respectively.

Dr. Williams was chosen Secretary *pro tem*.

Dr. B. L. Bryant, of Bangor, was appointed Secretary and Treasurer of the State Association in place of Dr. J. B. Williams, of Bangor, who has entered the service, and it was voted that should Dr. Bryant go to the front, he, with the President, should decide regarding his successor in office.

The resignation of Dr. Gilbert from the position of Managing Editor of the JOURNAL, dependent upon his going to the war with the Boston City Hospital Unit, was read. No decision was reached, because it seemed that as no other member of the Association was in the slightest degree conversant with the affairs of the JOURNAL, and particularly with the legal aspects of advertising contracts already made for the current year, such a step would leave us stranded. It was voted, however, that when Dr. Gilbert left, the President, with the Board of Editors, should conduct the JOURNAL for the rest of the current year.

Amongst the criticism against the JOURNAL were the cost, which in the belief of some members had reduced the balance in the treasury, and the lack of practical medical and surgical notes which might be of

value to the members. It was suggested that members, instead of criticising, should help the good work by sending in reports of cases, and brief medical and surgical papers. In order to help the County Secretaries, members should write out, instead of merely reporting their cases, and after reading forward them to the JOURNAL. If members were interested to hand in their own experiences they would become interested in the success of the JOURNAL.

Another suggestion was that each definite essay should be accompanied with an abstract, so that busy practitioners could be spared the reading of long communications which might not be interesting to them.

Dr. Miner, Councilor from the Fifth District, was unable to attend the meeting, but wrote that he was of the firm opinion that the JOURNAL should be continued and every effort made to give it practical value. For that purpose, all should lend a helping hand.

Finally it was agreed that in May, 1918, a statement of the affairs of the JOURNAL, of its advantages and defects, should be issued previous to the general session for June, 1918. With the aid of such a statement, members could then vote intelligently concerning its future. In carrying out this program, the President was authorized to keep within the appropriations for the year.

After a session of several hours the meeting adjourned, subject to the call of the President.

THE CLINICAL CONGRESS OF SURGEONS OF NORTH AMERICA.

The meeting of this association, planned to come off in New York in October, has been postponed owing to the war, but a similar meeting on a different scale will take its place in Chicago during the week of October 22d. Four great war meetings dealing with military surgery will be the prominent feature of the Chicago meeting, and will be conducted by Dr. Alexis Carrell, Sir Berkeley Moynihan, Dr. Blake and Dr. Crile, and other representative surgeons and physicians in the allied service. The main items furnished will deal with examples of reconstruction surgery, as developed during the war, with their application to civil practice.

The complete program will be published in the October issue of the *Journal of Surgery, Gynecology and Obstetrics*.

OUR ROLL OF HONOR.

MAJORS.

Cousins, William Lewis, Chief of Staff,
Portland.
Bradbury, Bial Francisco, National
Soldiers' Home, Togus.
Kendall, Clarence, Biddeford.
Peters, William Chute, Bangor.

CAPTAINS.

Adams, Lester, Bangor.
Ayer, Ira, Dept. Public Health, Min-
istry of Interior, Bangor.
Bryant, Charles Sawyer, Millinocket.
Davis, Philip Webb, Portland.
Farris, H. R., Oxford.
Folsom, Ernest Bertrand, Portland.
Gilbert, F. Y., Portland.
Haskell, Alfred W., Portland.
Haskell, W. L., Lewiston.
Kershner, Warren E., Bath.
Nichols, Nelson Estes, Portland.
Pudor, Gustav Adolf, Portland.
Ridlon, Bertrand Bean, Portland.
Roberts, Harvey Hamilton, South
Poland.
Sincock, Willey Edgar, Caribou.
Stewart, D. W., South Paris.
Swift, Henry Marshall, Portland.
Thompson, John Budd, Bangor.
Whittier, Frank Nathaniel, Bruns-
wick.
Williams, Adelbert Franklin, Phipps-
burg.

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Bailey, Bernard Andrew, Wiscasset.
Bliss, Raymond Van Hess, Blue Hill.
Brooks, John Eugene, Eastport.
Clarke, Chester Leonard, Peak's
Island.
Cook, Charles E. Jr., South Berwick.
Cummings, Edson Selden, Lewiston.
Damon, Albert Hobart, Limestone.
Dolloff, David E., Biddeford.
Everett, Harold Josselyn, Portland.
Flint, Edgar T., Foxcroft.
Floyd, Albion Elliot, Mapleton.
Gregory, Frederick Leslie, Caribou.
Gray, Carl Dinsmore, Skowhegan.
Grey, C. O., Portland.
Hayden, Lewis B., Livermore Falls.

Hill, Paul S., Biddeford.
Hoffess, Charles Ernest, Damaris-
cotta.
Jordan, Frank Herbert, South Port-
land.
Koyle, Frederick T., Fort Leavitt.
Leslie, Frank Elliott, Andover.
Lippincott, Leon Stanley, Brunswick.
Lombard, Herbert Luther, Bridgton.
Lombard, L. S., South Portland.
Loughlin, James Webster, Damaris-
cotta.
Marshall, Linn Bayard, Hebron.
McDonald, Charles Herbert, Portland.
McFaydon, James, Milo.
McNeil, Henry Daniel, Bangor.
Milliken, John S., Readfield.
Moore, Roland Banks, Portland.
Morin, Harry Franklin, Bath.
Murray, Samuel Astley, Holden.
Pattee, Sumner Chadbourne, Sears-
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Pepper, John Lyman, Madison.
Powell, L. L., Saco.
Pratt, G. L., Farmington.
Richardson, Horace Kimball, Brad-
ford.
Robinson, Harrison Leonard, Bangor.
Routson, Thomas Clyde, Buckeyes-
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Scribner, Herbert Charles, Bangor.
Sollima, Edward L., Portland.
Stimson, Henry K., Bangor.
Sumner, Charles Linwood, East Milli-
nocket.
Sylvester, Charles Bradford, Harri-
son.
Thomas, Charles Francis, Caribou.
Wakefield, Ralph Waldo, Bar Harbor.
Webber, Merlen Ardean, Portland.
Webster, Harrison Briggs, Castine.
Wills, George Dillard, Strafford.
Witherall, Carl Hamlin, Augusta.
Woodcock, Allan, Bangor.
Young, William James, Orono.
Whitaker, Preston W., Unity.
White, Herndon (colored), Portland.
Whitmore, William C., Fort Williams.
Williams, David Lloyd, National Sol-
diers' Home, Togus.

JOURNAL OF MAINE MEDICAL ASSOCIATION

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*Editorial Comment.***BRAIN SURGERY.**

Vast problems in this domain of surgery are arising in the war more than ever, owing to the heads of men being so much more exposed than ever before, in trench fighting. Every surgeon should from this time onward make more and more a study of this exceedingly valuable and important branch of surgery, so that in time of further need he who has not enrolled may come to the aid of the soldiers of the nation in hospitals to which ultimately such wounded men may be sent for consultation, operation or convalescence previous to operation. Never before in the history of surgery have so many delicate problems of brain surgery asked to be answered by restoration to active service of men so injured in the war. The government does well to call special attention to this important study, and every surgeon should help out the idea in the way that stands open clearest to himself. Furthermore, laboratory work becomes more and more involved, and instruction better than ever before must now be given to medical students, material being gathered where possible from civil practice. Instructors in surgery should bear these hints in mind, in order to be considered as up to date in the most important special surgery of the war. The eye, the ear, the mouth, and other specialties have so long been cultivated that in them much progress and advance is problematical, but in brain surgery we are still on the threshold of what may be accomplished in time with study.

It is a pity that the Maine cases of brain surgery so far done have never been collated. A symposium on such cases ought to furnish some material for further discussion. Will somebody start it for our

next meeting. The best way would be for each County to furnish cases, and then to bring them together for study and conversational comparison.

J. A. S.

THE WAR EXPERIENCES OF DR. NICHOLS.

Nobody can read the eloquent paper by Dr. Nichols without feeling that he would like to go himself and win that notable experience. What a chance to distinguish one's self for posterity, to obtain unlimited experience; what opportunities to advance military surgery for the entire surgical world of the future!

Amongst important points in this paper we note the excellent advice to pick your nurses amongst those who have never had official positions in hospitals, and who for that reason are more amenable to military orders; the gladness in offering themselves to go abroad without a word concerning their pay; and their readiness to pay for even their own transportation. In truth, the story of war nurses to date has been one of steady readiness to sacrifice themselves.

Another point is the need of studying the English of England, so as to be understood in emergencies. Do not ask for a "dish" boiler, but for a "basin" boiler. England, indeed, has her idiomatic phrases just as well as we, but the discussion concerning the oddness of either must be laid aside until after the war.

The need of dentists is emphasized, and considering the many men who are wounded in the jaws, the myriads of teeth broken, misplaced, or shot away, or decayed even in health from lack of care in camps, more dentists should be enrolling themselves.

The rarity of syphilis in soldiers abroad is noteworthy indeed.

Much stress is laid on the need of heavy underclothing, owing to the difficult winter climate of France, and this should not be forgotten by charitable clothing-makers at home. If only Lens could be captured, coal would abound for our soldiers abroad the coming winter.

Comments against the Red Cross seem rather harsh, perhaps, to those who admire its benefactions, but if bandages are wrong in material, and so unusable, if nurses are sent abroad with starched gowns where starch does not exist for love nor money, and laundries are things unknown, if instruments are out of date and far from handy, why then, such mistakes should be corrected at once, and we are glad to know that starched gowns are soon to be a thing of the past.

Finally, much is said about camp hygiene.

Such an address as this does not endure an abstract, yet in offering a mere outline of so admirable a paper, we feel that the only thing for

our readers to do is to begin at the beginning, read every word, and then, if under fifty, to go and enroll and go through personally with some of the war experiences of Dr. Nichols.

NOTES ON DR. COUSINS' PAPER.

Dr. Cousin's emphatic and enthusiastic paper on enrollment has evidently appealed with effect to his hearers, as is proved by the steady though slow increase in the numbers of physicians willing and anxious to serve. Living in peace, it is difficult to make people understand just where we stand in this war, just why we are in it anyway, or why there is need for so large an enrollment. This paper, however, makes many things plainer than before.

We note with regret the complaint concerning the slowness of hospitals to report to the surgeon general what they can do for the sick and wounded. This slowness, however, is on a par with any appeal which fails of effect, because of the distance at which we live from the war. "It will never get to us. Why should we make ready hospitals for sick and wounded who will never appear?" People at a distance forget that at any time by lucky escape a raider may come off our coasts, or by fortunate shots in a sea fight the allied fleets might be so temporarily disabled that a German fleet might make a dash for our coasts. Everything is possible in war, and possibilities become certainties, oftentimes, as in the case of inimical preparations which for just such eventual raids have been plotted these forty years.

One point in Maine enrollment has never been properly studied. We live over a wide extent of territory with scattered settlements, each one of which has so many physicians. If all of those in a certain place were enrolled, where could the people of that place obtain medical advice except from another settlement at a distance and at a high cost if physicians should charge according to mileage, as is the rule? If every populated space in Maine were plotted out, the physicians discovered, their relative distance from other places marked, and selection made, so that other settlements would not suffer from too close depletion of any one place, the public would be protected and the nation would get its share.

Enrollment in the regular army is mentioned in this paper, and wisely, too, and for a capable man of investigating mind, a loving for study and for languages and for laboratory work, in a word, a man endowed with knowledge of how to utilize his spare time, such a berth is well worth considering.

Sacrifice is likewise mentioned by Dr. Cousins, and, in enrolling, a physician is only adding one more to the sacrifices of his body and of

his mind which every physician is daily making from the day he enters upon the practice of medicine. So, too, women were made for sacrifice, and in aiding and advising and forwarding enrollment of their husbands women are doing good work and sacrificial work, such as the nation looks for and honors.

Fatalities are largely mentioned in the discussion of the paper before us, but we do not go into battle to die, but to fight for a just cause. Medical men of Maine die yearly to the amount of two per centum, and that is for 1917 the average for the allied armies' medical servants. Twenty-three per cent. are invalidated, seventy-five per cent. come off unscathed. It is wrong to exaggerate fatalities of surgeons in war, because it is not borne out by facts or figures. Last year three of our members died suddenly. They knew no more of what killed them than if a bullet had hit them. Their families are as well off, or as poorly off, as if they had died in battle. Live or die, we stand face to face with a dreadfully powerful army of well trained enemies, and it is our business to do our share in keeping them from setting foot upon this free continent of ours.

J. A. S.

THE ANNUAL PROGRAM FOR 1918.

The following letter from the Program Committee speaks for itself, and is printed early in order that the members may understand that nothing is being neglected to make the next meeting successful in every respect.

HOULTON, MAINE, August 8, 1917.

DR. JAMES A. SPALDING, Portland, Maine.

DEAR DR. SPALDING:—After various consultations with the other members of the Program Committee for the annual meeting for 1918, it was thought best that I write you that the committee thought it best that under the present existing conditions that the work for next year would have to be along tentative lines. The idea has come to us that it would be a very advisable thing to have two or three of the sessions devoted to symposiums on certain topics that we had in mind. To carry out such a program means that we must have the men who are in a position to give us their experiences and also be fairly certain that they will be present. Under the frightful conditions that now obtain, we feel that to ask a man to definitely promise to be with us is unfair to the man and to the needs of the nation. Many men who undoubtedly would be glad to be with us may be elsewhere or even passed beyond. We feel, therefore, that the best that your committee can do to carry out its work and thus provide a program that will be a source of enjoyment, as well as benefit, will be to

accept the men with the understanding that the duties of the nation will be served first. This being so, we feel that it is only fair to the Fellows of the Maine Medical Association to give our ideas on the matter early publicity.

If by a month before the meeting we find that our program is going to be handicapped by the unavoidable absence of men who have promised to come, we feel that it will be far the best thing for us to cancel the literary part of the meeting and for the House of Delegates to meet and transact the necessary business. This, we feel, is by far the best plan, for at the last minute to be compelled to have to find some essayist to fill a part of our program at short notice is manifestly unfair to him and to the members who come looking for work prepared and to be given by the men so slated.

It would seem that it might be wise to give this letter publicity by publishing it in the JOURNAL of the association, for although we shall go on with the work of trying to have a well-arranged program we know that the Fellows will excuse our inability if caused by the conditions that now obtain.

Very truly yours,

F. H. JACKSON,

Chairman, Committee on Program, 1918.

Notices.

LITTLE PURE ZINC OXIDE ON THE MARKET.

WASHINGTON, D. C.

Examinations made by the Bureau of Chemistry of the United States Department of Agriculture show that very little zinc oxide on the market in the United States complies with the standards of the U. S. Pharmacopœia. Nearly all of the samples examined contained an excessive amount of lead. The samples were labeled "Not U. S. P.—Containing Small Quantities of Lead," and therefore complied with the Food and Drugs Act. The labels on the packages in most instances will probably come to the attention of the druggists, but not to the attention of physicians. The medical profession will therefore not be advised as to whether or not zinc oxide preparations are made from standard ingredients. Conditions may arise where a zinc oxide preparation contaminated with lead may do injury. A limited supply of U. S. P. zinc oxide is available and physicians may protect themselves and their patients from possible injury by calling for such material on their prescriptions.

PATHOLOGIST (MALE).

The United States Civil Service Commission announces an open competitive examination for pathologist, for men only, on October 3, 1917. A vacancy in Freedmen's Hospital, Washington, D. C., at \$2,000 a year, and future vacancies requiring similar qualifications, at this or higher or lower salaries, will be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

Competitors will be examined in the following subjects, which will have the relative weights indicated:

Applicants must show that they have had at least one year's experience in a pathological laboratory after graduating from a medical college of recognized standing, and that they are able to make all kinds of pathologic examinations and reports thereon.

NEW AND NON-OFFICIAL REMEDIES.

NEODIARSENOL.—Neodiarsenol has the composition, physical and chemical properties and action, uses and dosage as given for Neosalvarsan in New and Non-official Remedies, 1917. Neodiarsenol is supplied in ampules containing, respectively, 0.15, 0.3, 0.45, 0.6, 0.75 and 0.9 Gm. Neodiarsenol. Neodiarsenol is accepted for New and Non-official Remedies, as the available supply of Neosalvarsan seems to be insufficient to meet the demand, and this preparation conforms to the rules of the Council. Neodiarsenol is made in Canada under a license issued by the Commissioner of Patents of Canada. The Farbwerke-Hoechst Company holds the sale of Neodiarsenol in the United States an infringement of its rights, and has stated that all violations of its rights will be prosecuted. The Diarsenol Company Limited, Toronto, Canada (*Journal A. M. A.*, Aug. 4, 1917, p. 383).

GASTRON.—A solution of the gastric tissue juice obtained by direct extraction from the mucosa of the fresh stomach of the pig. It contains 25 per cent. by weight of glycerin, 0.25 per cent. absolute hydrochloric acid, and 1 Cc. is capable of dissolving 200 Gm. of coagulated egg albumin. Gastron is designed for use in disorders of gastric function. Fairchild Bros. and Foster, New York (*Journal A. M. A.*, Aug. 25, 1917, p. 645).

DIPHTHERIA ANTITOXIN ESSENTIALS.

Antitoxin for the treatment of diphtheria should have its origin in the blood of sound, vigorous horses—animals that are well cared for, that are maintained in an atmosphere and environment conducive to health. It should be produced under conditions of asepsis

and by modern methods. Its manufacture should be entrusted only to the experienced, to those who are scientifically trained, to those who are equipped with ample facilities. Anti-diphtheric serum produced under such conditions bears a substantial guaranty of safety and efficiency.

Reference to the work of Parke, Davis & Co., as antitoxin producers is pertinent in this connection. Parke, Davis & Co. were among the earliest of American manufacturers of diphtheria antitoxin, as for many years they have been the largest. They maintain a stock farm of more than seven hundred acres, where, under ideal conditions, their serum-producing horses are kept. Their biological stables are supervised by skilled veterinary surgeons and are provided with good light, ample ventilation and a perfect system of drainage. The horses are subjected to rigid physical examinations, and no animal is eligible until he has been pronounced sound by competent veterinarians. Operative work in connection with the immunization and bleeding of horses is conducted in accordance with approved surgical methods. The laboratories in which the antitoxin is prepared, tested and made ready for the market are the admiration of scientific men who visit them. The purity and potency of the serum are established by an elaborate series of bacteriologic and physiologic tests.

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A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$12.50 regardless of the number insuring, and the company is one of the strongest in the world—**The Hartford.**

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SERUM TREATMENT OF PNEUMONIA.—Rufus Cole reports that one-third of the cases of pneumonia are due to Type I pneumococci, one-third to Type II pneumococci, from 10 to 15 per cent. to Type III, and the remainder to pneumococci belonging to the fourth group. The mortality from infection with Type I and Type II are of average severity, with a mortality of from 25 to 30 per cent.; those from Type III are severe, and more than one-half of the patients die from this infection, while the mortality from Group IV is only about 10 to 15 per cent. Antipneumococcic serum is efficient only in infection from Type I, and Cole has come to the conclusion that the serum should be administered only after it has been determined that the infection is due to this type. He reports that certain commercial serums have been found inefficient or without effect against Type I infection. He also reports his experience with commercial serums which were inefficient or inert. It is expected that the U. S. Public Health Service will soon establish a method for the standardization of antipneumococcic serum (*Journal A. M. A.*, Aug. 18, 1917, p. 505).

SOME MISCELLANEOUS NOSTRUMS.
—Newspapers advertise Swift's Sure Specific for the treatment of "rheumatism" and "impure blood." The advertising matter sent out by its promoters recommends "S. S. S." for the self-treatment of syphilis. No information is offered in regard to the composition of "S. S. S." except that it contains 15 per cent. alcohol and the claim that it is "made from purely vegetable ingredients."—Kaufmann's Sulphur Bitters are claimed to con-



Why Oats Differ

Oat flakes differ because oat grains differ. Some are large and plump and flavory. Some are small, starved and insipid.

In Quaker Oats we use the queen grains only. The rest are all sifted out. A bushel of choice oats yields but ten pounds of Quaker Oats.

That is why Quaker Oats has won millions of users. Why it holds leading place the world over.

No man has ever found a way to make an oat food better.

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12c and 30c per package in United States and Canada, except in Far West and South where high freights may prohibit.

The Quaker Oats Company
Chicago

tain sulphur, gentian, wild cherry, aloes, eupatorium, "Tanacetum," balmomy, podophyllum, "Senna Indica," calamus. It was sold as a remedy for scrofula, catarrh, salt rheum, rheumatism, etc., but the government declared these curative claims false and fraudulent (*Journal A. M. A.*, Aug. 25, 1917, p. 663).

NASOPHARYNGEAL DISINFECTION BY HYPOCHLORITES.—While the practical sterilization of infected wounds by means of hypochlorites

UNITED SLIP-SOCKET LIMBS

PATENTED APRIL 6, 1915

The most highly improved and scientifically constructed Artificial Limbs on the market.

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Calcreose is of value in the treatment of bronchitis, especially the bronchitis associated with pulmonary tuberculosis, and in gastro-intestinal infections.

Formulae and Price List

Calcreose Powder. A reddish brown powder, containing 50 per cent. creosote in combination with calcium. Per pound, \$3.00

Calcreose Tablets, coated brown, 4 grs., 100, 35c.; 500, \$1.55; 1000, \$3.00.

Calcreose has been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion in "New and Nonofficial Remedies."

Calcreose is carried in stock by wholesale druggists; also supplied to physicians direct. We ship charges prepaid. Literature and samples free to physicians



*As high as
120 grains of
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been given daily
without diges-
tive disturbance*

The Maltbie Chemical Co., Newark, New Jersey

has been effected, the sterilization of the nose and throat is far more difficult, especially in the case of diphtheria and meningococcus carriers. Encouraging results from the use of a hypochlorite substitute, dichloramine-T, have been reported, but these require confirmation (*Journal A. M. A.*, Aug. 25, 1917, p. 651).

During August the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Calco Chemical Company:

Betanaphthol Benzoate-Calco.

The Diarsenol Company Limited:

Neodiarsenol Ampoules, 0.15 Gm.

Neodiarsenol Ampoules, 0.3 Gm.

Neodiarsenol Ampoules, 0.45 Gm.

Neodiarsenol Ampoules, 0.6 Gm.

Neodiarsenol Ampoules, 0.75 Gm.

Neodiarsenol Ampoules, 0.9 Gm.

Fairchild Bros. and Foster:

Gastron.

Hoffmann-LaRoche Chem. Works:

Tyramine-Roche.

Maltbie Chemical Company:

Calcreose.

Calcreose Solution.

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It is soft wheat rolled—a dish which meets a universal taste.

Into those flakes we now roll 25 per cent of bran. The bran is in flake form to make it doubly efficient.

Certainly no other bran food is today so widely advised by physicians. And a food could not be better fitted to foster the bran habit.

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Rolled Wheat—25% Bran

A breakfast dainty whose savory flakes hide 25 per cent unground bran.

Pettijohn's Flour—75 per cent fine patent flour with 25 per cent bran flakes. Use like Graham flour in any recipe.

Both sold in packages only.

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Their knowledge is based upon their personal experience,
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The Hospital is highly pleased thus to be able to refer to practi-
tioners of whom inquiry may be made direct as to the results that
may be expected to follow institutional treatment for habit and
addiction as carried out here.

The Hospital receives practically three-fourths of its patients
directly from practitioners who either refer their patients for
treatment, or themselves bring their patients here and follow the
treatment in every detail, from beginning of definite medication
to conclusion of physical therapy and sanative care. This they
are easily able to do as bedside histories are kept in every case, all
staff orders are written and the patient's door is never closed to
his own physician. Upon conclusion of treatment the patient is
referred back to the practitioner.

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The Journal assumes no responsibility for opinions expressed by the authors.

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No. 3

***THE BEST METHOD OF SECURING PATHOLOGICAL SPECIMENS FOR LABORATORY EXAMINATIONS.**

By F. N. WHITTIER, BRUNSWICK, ME.

In the classic receipt for the preparing of jugged hare, the prime position is given to the direction "First catch your hare." By the same token, in laboratory examination, securing the pathological specimen should be considered to be of the first importance.

Looking backward over something more than twenty years of laboratory work, I can count many failures which were due to faulty collection of specimens. One of the first of these cases was in the far-off time before the State Laboratory, when the throat swabs were sent to Bowdoin for examination. The medical school received a Macedonian call from a Maine physician who suspected that he had an epidemic of diphtheria. The sterile swabs were sent to him in sterile glass tubes plugged with cotton, with the request that he take swabs from the throats and send to the school for examination. The swabs were promptly returned and were put on blood serum media. After twenty-four hours no growth had appeared on any of the tubes. It seemed to be nothing less than a miracle, the only case in history where a swab applied to a human throat failed to produce a growth. On inspection, however, a whitish material was found on the outside of the tubes inclosing the swabs. Smears made from this material showed abundant bacilli. I have often imagined the feeling of those patients when the swab containers were rammed down their throats. Less uncomfortable for the patient, but just as disastrous for the laboratory, are mistakes which involve the sending of sputum for vac-

* Read before the Maine Medical Association, June, 1917.

cine in a five per cent. solution of carbolic acid, or blood smears for Wassermann tests.

CARRIERS.

The common carriers for pathological materials are glass slides or covers, swabs, vials, bottles and lightning jars. It is necessary to have the swabs sterile, also the containers for water and milk. The other containers are not generally required to be sterile.

BLOOD.

White and red counts must be made from blood drawn into the counters directly from the ear or fingers of the patient. Such counts cannot be made from dried or clotted blood.

Blood for the Widal test may be taken as advised by the Maine State Board of Health, as follows:

"1. Cleanse the skin of the lobe of the ear, avoiding the use of bichloride of mercury, carbolic acid, or other strong reagent. Soap and water, and then carefully dry the part is recommended.

"2. Prick the lobe deeply to insure a free escape of blood, manipulating the lobe with the fingers, if necessary, to secure a sufficient amount. A surgical needle may be used for the puncture.

"3. Avoid the first two or three drops, which should be wiped away. Two large drops are then placed about an inch apart on the glass slide. Dry the drops without using heat and then place the slide in the holder and fasten holder with elastic band and mail to the laboratory."

If pernicious anemia or leukemia is suspected and the blood is to be sent to a laboratory, smears should be made on cover glasses or slides. The following method is recommended:

DIRECTIONS FOR TAKING BLOOD SMEARS.

1. Wash lobe of ear with alcohol or soap and water.
2. Quickly pierce the lower edge of the lobe with three-sided surgical needle, depth $\frac{1}{8}$ - $\frac{1}{4}$ inch.
3. Wipe away the first few drops of blood.
4. Touch the center of cover glass held by the edges against the top of a small drop of blood (size of pin head or a little larger).
5. Drop the cover glass diagonally upon another clean cover glass, making an eight-cornered figure. The blood should spread evenly between the cover glasses without pressure.
6. Draw the cover slips apart, keeping the faces parallel. The films thus made should dry easily and are then ready to be stained or sent to the laboratory.

If blood is to be taken for a Wassermann test, at least a teaspoonful should be obtained. The simplest method is to use the Keidal tube. The Keidal apparatus for collecting blood consists of a vacuum tube, one extremity of which is drawn out into capillary dimensions and sealed. This capillary tube is covered with a short rubber tube, and into the free extremity of the rubber tube is fitted a hollow needle. The needle is protected by a glass tube which is thrust over it. The apparatus comes from the factory sterile, so that no disinfection is necessary save that of the cutaneous surface through which entrance is to be made. The front of the forearm just below the elbow should be sterilized and a *tourniquet applied above the elbow*. The point of the needle should then be thrust into one of the prominent superficial forearm veins and the vacuum released by breaking the capillary tube within the rubber. This results in the automatic filling of the tube with blood. When the tube is full the rubber should be tied securely across with twine, and the apparatus is ready to be shipped in a container to the laboratory. It is well to remember that if blood does not enter the tube upon breaking the capillary tube, that is, if the vein has not been entered, the vacuum may be maintained in withdrawing the needle for another plunge, by pinching the rubber tube tightly with the fingers or with a hemostat.

Most laboratories keep Keidal tubes in stock and will mail them to the physician upon application.

It is not necessary that blood taken for a Wassermann be sterile; it needs only to be clean, fresh, and free from disinfectants. If a Keidal tube is not at hand, the blood may be drawn from a vein by a subcutaneous syringe or an antitoxin syringe, discharged into a clean vial, corked tightly and sent to the laboratory by mail. Blood may also be taken from a vein with a hollow needle. One of the forearm veins is preferred and a tourniquet should be used. If necessary, it is possible to obtain sufficient blood for Wassermann by milking the pricked lobe of the ear or tip of the finger.

DIPHTHERIA.

The diagnosis of diphtheria is made from throat swabs. Swabs may be prepared in the usual manner by winding a slender stick into a wisp of cotton. Put the swab into a clean glass tube and place in a range oven to bake till the cotton is brown. The following is the list of directions sent out by the State Board of Health:

"Do not allow the swab to touch anything but the surface on which you wish a report.

"The patient should be placed in a good light, and, if a child, held properly. In cases where it is possible to get a good view of the throat,

depress the tongue and rub the cotton swab gently, *but freely*, against any visible exudate, *revolving the wire between the fingers*, so as to bring all portions of the swab in contact with the mucous membrane or exudate. In other cases, including those in which the exudate is confined to the larynx, *avoid the tongue*, pass the swab back as far as possible, and rub it freely as described above against the mucous membrane of the pharynx and tonsils. Then carefully replace the swab in the tube, plug with the cotton, wrap this blank (after being carefully filled out) around the tube, place in tin case, screw together firmly, and forward by express or mail, prepaid, as per label, to Augusta.

"Unsatisfactory cultures, exhibiting insufficient growth or contamination by foreign bacteria, usually results from failure to follow carefully the above directions."

GONORRHEA.

The same type of swab as described above and the same method may be used for collecting gonorrheal pus.

WATER.

Water should be collected in eight ounce bottles which have previously been sterilized. Bottles should be fitted with corks and the mouths covered with cotton cloth tied about the neck of the bottle. They should then be placed in a range oven and baked until the cotton is browned. Following is a list of directions for collecting sample of water edited by the State Board of Health:

"Water for analysis—Instructions. (These requirements must be complied with in every particular.)

"*Water from a Tap*:—Allow the water from the tap to run freely for a few minutes. Then place the bottle under the tap and rinse it out with the water at least three times. When rinsed, place the bottle under the tap, and fill to overflowing, after which a small quantity should be poured out so as to leave an air space below the stopper. Rinse the stopper with tap water; insert it into the bottle while wet; and secure it by tying over it a piece of clean cloth, the ends of the string used for tying being sealed to the top of the stopper.

"*Under no circumstances touch the inside of the neck of the bottle or the stem of the stopper with the hand.*

"*Water from a Stream, Pond, Spring or Reservoir*:—Rinse the bottle and stopper with the water if this can be done without disturbing the sediment on the bottom. Entirely submerge the bottle with the stopper in place, and lower it until it is at least a foot below the surface of the water. Then remove the stopper; allow the bottle to fill, and replace the stopper below the surface. Secure the stopper as directed above.

"It is important that the sample be obtained free from the sediment on the bottom and from the scum on the surface.

"If the stream is not deep enough to admit of the above method of taking a sample, the water must be dipped up in an absolutely clean dish and poured into the bottle after it has been thoroughly rinsed.

*"From a Well:—*Pump or draw the water in the usual manner, rinse the bottle and stopper, then fill, using the precautions above mentioned, and seal as directed above. The sample should be collected *immediately before shipping by express.*"

If the water comes from pump or faucet, the water should be allowed to run for two minutes before the sample is collected. This should be done by removing the cork without untying the cotton covering the mouth of the bottle. If water comes from a lake or river, the bottle should be sunk below the surface and the cork not removed till the bottle is below the surface. The sample should be shipped to the laboratory packed in ice.

MILK.

The same general directions as in collecting sample of water might apply to milk. The same sterile bottle should be used, and if sample is to be taken from can the contents of the can should be shaken before filling the bottle.

SPUTUM.

Sputum may be collected in wide mouth bottles, the morning sputum being preferred. If a vaccine is desired, do not put carbolic acid into the sample. The following list of directions for collecting sputum for analysis is also taken from the publications of the State Board of Health:

"The expectoration discharged in the morning is preferred. If the expectoration be scanty, the entire amount discharged in twenty-four hours should be collected. Care should be taken that the contents of the stomach, articles of food, etc., are not discharged during the act of expectoration and collected instead of pulmonary sputum. Purulent, cheesy, and muco-purulent sputum most frequently contain the bacilli; pure mucous, blood, or saliva do not as a rule contain the bacilli. When hemorrhage has occurred, some purulent, cheesy, or muco-purulent sputum should, if possible, be collected for the examination."

URINE.

In taking samples of urine for analysis the twenty-four hour amount is desirable, and also the amount of night and day urine. To make this collection, begin, say, at 7 P. M., pass the urine and throw it away. From then till 7 A. M. save the urine and put it in a clean

bottle, taking the urine at 7 A. M. as night urine. From then to 7 P. M. save the urine in another bottle as day urine. The amounts of night and day urine should then be taken and a mixture of the two samples made. Send about eight ounces of this mixture for analysis. If urine is to be tested for lead at least two quarts should be sent. If desired, a disinfectant in the form of one-half a spoonful of 10% formalin may be added to the twenty-four hour amount of urine.

TISSUE.

Pathological tissues should be sent in lightning jar or tightly corked bottle. It is often advisable to take cultures from tissues, which is not possible if they are received in preservative. Medico-legal specimens should be carefully packed and sent under seal.

THE PRESIDENT: The paper is now open for discussion.

DR. A. S. THAYER: Mr. President: Some of us have found the Keidal tubes so useful in getting blood for Wassermann reactions that I want to make sure that everybody here is familiar with them.

DR. WHITTIER: Full directions come with these tubes for taking blood, and the laboratories are glad to send them to anybody who wishes to get a sample of blood for the Wassermann. They are perfectly sterile. The needle is a fine needle, causes no pain to the patient, and they ordinarily work very well. Rarely it happens that you do not hit the vein and you lose the vacuum. If you do that, the best way is to take another tube. I think after a little practice, if one has the patience to get used to using them, that it is the most satisfactory way of taking a specimen of blood for a Wassermann.

DR. THAYER: Mr. President: Years ago, when I was making pathological examinations, I had specimens of sputum sent to me by mail in a pill box, which came open in the mail, saturating the paste-board box and the paper that was around it. I do not know how many tubercle bacilli worked their way to the outside of that mailed package, but it is possible that some may have. The care of sputum is a matter pretty well understood by physicians now, but not always by the laity. For instance, two days ago I was called to see a case of hemoptysis, where several physicians had been in attendance before, including various experts. The patient had a little coughing spell while I was there, and being a foreigner, unaccustomed to our ways, she used the palm of her hand, showed it to me, and then wiped it on the bedclothes.

The collection of urine for a thorough examination, of course, should be twenty-four hours urine, as Dr. Whittier has told us, but

sometimes there are things that we want especially to know more than we do the total quantity of solids, and a night specimen, a specimen that is passed after the stress of the day, and which is quite as apt to show albumen as in any other part of the day, if it is a fresh specimen free from bacteria, may for microscopical purposes be of more value to us than a specimen which has remained in a vessel for a longer period and is a dirty specimen. Of course, if we have plenty of time beforehand, we can do just what we want to do.

In the matter of the collection of blood, the Keidal tube is the handiest thing that I know of. The method which Dr. Whittier says may be useful in the absence of a Keidal tube is, I think, to be kept in mind,—the use of a fairly good-sized needle which will allow the blood to drip out and be collected in a small vial. Also, as Dr. Whittier says, an antitoxin syringe may be used.

For the sending of sputum, a bottle between those two which Dr. Whittier speaks of is generally available, namely, an ordinary ten cent vaseline bottle, which can be cleansed and is almost always obtainable.

Another expedient which I have sometimes found quite useful in country places, where the doctor does not do his own microscopic work, and yet where he has, either in his own office or in some neighboring drug store, the outfits of the state laboratory, is to use, instead of the cover glass which Dr. Whittier mentions, and which there is some difficulty in pulling apart sometimes, the typhoid outfit, which consists of a glass slide. Two of those outfits furnish two slides, both of which may be cleansed. A drop of blood put near the top of one slide, then the other slide used as a scraper at the proper angle, will give a very nice smear which can easily be dried, and the other slide can be used for another smear. In that way we get a very good specimen for differential counting after it is dried and stained.

THE PRESIDENT: We have plenty of time this morning, gentlemen. Our program is somewhat limited for the time we have. I think there is no need of a time limit on the remarks this morning.

DR. WARREN: Dr. Whittier, how long can urine be kept and still be worth anything for diagnostic purposes?

DR. WHITTIER: That depends on what you wish to find out. Sometimes you can find out information of value from urine that has been kept for a week at ordinary temperatures. There would be no trouble at all in keeping urine for a week if it could be kept in a cool place, and especially if a solution of 10% formalin be added. Of course, if you wish to get at the number of bacteria present in the urine, a fresh sample would be needed, because bacteria may develop somewhat even in a cool place, though very slowly. Given the two

things, the formalin present and the cool place, the urine would not break up and go to pieces ordinarily before an examination could be made that would give substantially the conditions.

THE PRESIDENT: If no one else has anything to say on this matter, or any question to put to Dr. Whittier, we will ask if Dr. Whittier has anything further he wishes to add.

DR. WHITTIER: Mr. President, I think very highly of the method mentioned by Dr. Thayer for getting smears; but I would need to use two slides like this (indicating). You have to use rather an ordinary drop of blood; not a large drop and not a pin drop. Put the drop on one end of the slide, and then hold the slides at an angle like this (indicating), and the blood spreads along the edge of the upper slide. Draw the slide along in this fashion (indicating), and you get a fine smear of blood on the lower slide. Or, if you like, you can put the drop on and put the slides together just as you put the cover glasses together, and draw the slides apart. Either of those schemes give a fairly good volume of blood; and, if one is not skilled in the handling of cover glasses, it might possibly give better results than the cover glasses.

One thing I should have emphasized, and that is to send the sample of blood after it has been obtained, whether by Keidal tube or otherwise, promptly to the laboratory for examination. A great many of our Wassermanns go wrong because of delay. Sometimes the delay is not the fault of the physician. He may send it Saturday night, when there is no Sunday delivery, and it may not reach the laboratory until Monday morning. At other times it is kept around the office and not sent promptly; so it may be forty-eight hours from the time the blood is taken before it reaches the laboratory; and forty-eight hours in a warm temperature will spoil any sample of blood so it becomes anti-complementary, and an accurate Wassermann test cannot be forthcoming.

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 Kershner, Warren E., Bath.
 Lombard, Lorin S., South Portland.
 Morin, Harry F., Bath.
 Nichols, Nelson Estes, Portland.
 Pratt, G. L., Farmington.
 Pudor, Gustav Adolf, Portland.
 Ridlon, Bertrand Bean, Portland.
 Roberts, Harvey H., South Poland.
 Sincock, Willey Edgar, Caribou.
 Stewart, D. M., South Paris.
 Swift, Henry Marshall, Portland.
 Thomas, Calvin M., Brewer.
 Thompson, John Budd, Bangor.
 Whittier, Frank N., Brunswick.
 Williams, Adelbert F., Phippsburg.

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 Wheeler, F. E., West Paris.
 Whitaker, Preston W., Unity.
 White, Herndon (colored), Portland.
 Whitmore, William C., Fort Williams.
 Williams, David Lloyd, National Soldiers' Home, Togus.
 Wills, George Dillard, Strafford.
 Witherall, Carl Hamlin, Augusta.
 Woodcock, Allan, Bangor.
 Young, William James, Orono.

Corrected as far as possible to September 30, 1917.

JOURNAL OF MAINE MEDICAL ASSOCIATION

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Editorial Comment.

INCREASED ASSESSMENTS FOR THE YEAR.

Members are more or less likely to receive their bills for the annual dues before long, and in anticipation of fault findings at the increase from former years, this note is a gentle reminder that at the annual meeting, it was unanimously voted that that portion of the dues accruing to those who had actually enrolled for the war, should fall upon the shoulders of those who stay at home, and thus be paid as a sort of reward of merit.

THE MEDICAL EXAMINERS OF MAINE AND THE JOURNAL.

Every year brings before the people of the state accounts of murders, infanticides and suicide, but into the newspapers of the day there filters a mere headline to the effect that the medical examiner of the district made an examination, and afterward, as the case may have turned out, testified at the trial. In all the years, however, since the system of such examiners was instituted, it is difficult or impossible to find any paper read by any one of them before a county society, or the Association, or any account of such crimes printed in the JOURNAL.

Now, this magazine was established for the use and purposes of the Association, and incidentally for the uses and purposes of the people of Maine. It is a mistake, from a scientific and medical, or even a popular point of view, that all the information acquired by our medical examiners should be hidden forever from everybody and nobody knows just where. The members of our Association, and incidentally

the government and the people, should have some means of ascertaining, if they care to do so, just what occurred in our mysterious criminal cases, and of having the facts placed on record in some publication from whence the future medical historian of Maine may gather material. Such items, if published, would also testify to the ability and activity of the examiners, and justify before other physicians and the people their existence and continuance in office, and the salaries paid to them by the tax payers of the state. We therefore appeal to the examiners to come forward to the editors of this JOURNAL, after every trial of medico-legal cases, with a concise account of the medical and pathological evidence discovered and made available for the courts, in so far as such a procedure does not conflict with the laws of the state.

After all the destructive criticism of the JOURNAL, let us work together to build it up, and make it worthy of the Association, each one doing his share when occasion serves.

TUBERCULOSIS STUDIES.

Nothing is more valuable to students of tuberculosis than a study of the very well written papers, with appended discussions, at the meeting of the Section on Tuberculosis of the Massachusetts Medical Society in June, and as printed in the number of the *Boston Medical and Surgical Journal* August 2d. Students of this disease will here find much profitable reading, especially concerning the legal relations of tuberculous patients to the community. The sixteen pages devoted to this meeting offer much for grateful consideration and careful study, as looking forward to later legislation in Maine, for, studies near at hand in the New England States offer more supporting thoughts for reflection, than those from distant states in which climatic conditions are entirely different from those prevailing in Maine.

The report of the Illinois Tuberculosis War Problem Committee, appended to these papers, has much to commend it, particularly in the points noted for the examination of recruits for the war.

COLLOSOL COCAIN.

Successful experiments for colloidal quinin, morphin and cocain were foreshadowed in English medical magazines in the spring of the year, and we now can note with gratification the production of a collosol cocain free from the toxic effects of former preparations. Thus, where cocain hydrochloride was tested on rabbits it killed them very rapidly after intravenous injections in certain doses, whilst three times

that lethal dose of the collosol injected in the same way, had no toxic effect at all. In other words, where $\frac{1}{2}$ grain of cocain hydrochloride was fatal, $1\frac{1}{2}$ grains of the colloidal preparation had no toxic effect. The local anesthetic effect on the eye is identical with that of the hydrochloride, and in using catheters and the urethroscope, 0.8 c. c. of the collosol produced sufficient anesthesia to pass instruments of 7.6 m. m. calibre in five minutes, painlessly. It is plain, therefore, that for all surgical uses the collosol cocain is much safer than the hydrochloride.

APPENDECTOMY UNDER LOCAL ANESTHESIA.

Any surgeon who cares to operate for appendicitis under local anesthesia will be pleased to read an excellent paper, with cases, in the *New York Medical Journal* for August 25th. To the details of this paper we commend attention from our surgical readers, regretting, by the way, that the name of the distinguished writer has for the moment been misplaced.

The average time employed for the operation is twenty-two minutes, several of which, of course, are lost in waiting for the anesthetic to effect its action on the part involved. The patients are not pained by the operation, but most of them have a sense of fear that they are going to be hurt. Sixty cases are noted, first and last, and of the last twenty-three, four were chronic and nineteen acute, the results being favorable in every instance. At first, novocain was used only in the abdominal wall, but now the mesenterium is anesthetized before pulling the appendix out of the abdominal cavity. Adhesions, also, should be anesthetized locally, as the operation goes along.

There is no pain during the operation, or after, no post-operative distension, no nausea or vomiting, so often following ether. Small doses of pituitrin may be given on the day after the operation, and followed with rectal irrigation or high enema, and in that way inhibited peristalsis is got rid of. There is never any need of opiates, and the stay abed is much shortened, and so much the sooner the patient sits up and is convalescent.

In ending this note, the name of the writer is discovered as being Dr. Wiener.

Medical War Notes.



The government having decided that the effect of motion pictures in inspiring the people and encouraging enlistments and work for the war is of the greatest benefit to the nation, it is proper for us to offer to our readers an actual picture of four of our officers from the Maine Medical Association, in their uniforms, at the training camp somewhere in the west. We take pleasure in recalling thus to mind our comrades in medicine, Davis, Everett, Haskell and Moore. May others soon follow their good example.

WHAT SHALL WE DO WITH OUR SYPHILITIC SOLDIERS?

Modern study of soldiers affected with this, what might be called primeval curse, shows that the latest idea is not to treat them in

hospitals or segregated camps, but to send them to the front of battle where they can be treated occasionally as well as in any institutions, and thus by their fighting presence save the men with perfect health. In the great struggle confronting the world it is plain that the sound and healthy soldiers must be conserved as long as possible, and in no way can this needed conservation be better accomplished than by utilizing the human force of syphilitic soldiers. When we recall, additionally, the fact that a certain percentage of men so afflicted have voluntarily brought the infection into their systems as a means of shirking duty, as a form of malingering, the suggestion to push them into the front has much military value for every nation. In fact, full companies of men so afflicted might easily be composed, and by thus forming them into their own battalions treatment could be more properly and more easily and successfully administered than if they were scattered amongst healthy soldiers, giving in this way more opportunities for innocent infection of the sound and healthy.

TRACHOMA.

Much is said concerning care to be exercised by examining surgeons of recruits with trachoma. This is proper enough, but it only emphasizes the curious fact of the very infinitesimal number of cases of trachoma ever seen in Maine. Inquiry shows that in the practice of Maine oculists, over a period of many years, trachoma is one of the rarest of eye diseases in the history of ophthalmology. Personally, one oculist reports a single case in his city practice in eighteen years; another has seen but one case in over forty years of practice; another reports two only in a period of twenty years. Possibly a study in mill towns of Maine, where many operatives crowd together in unsanitary habitations, might reveal more cases of this sort. A study of trachoma in Maine for years past, and especially of trachoma as discovered in Maine-enrolled men, would have special interest and value at these times, when it is so much easier to study large numbers of men collected together than in ordinary times, when they are scattered far apart, each in his own factory or dwelling house. Such a study, added to similar studies made in other states of the Union, would advance the history of the causes of trachoma, and offer new suggestions for some possible permanent cure. By the way, in passing, the governmental circulars suggest a cure of trachoma, for they speak of the rapid cure of this disease so as to enable recruits to be utilized for war. Trachoma in some ways seems to the editor to represent a low form of tuberculosis of the follicles of the palpebral con-

junctiva. Even if not proved so far, further study may reveal that disease as its fundamental cause. Certainly it is the duty of every examining surgeon to understand how to make a satisfactory examination of the upper palpebral conjunctival fold, not only by everting the eyelids, but by understanding how to slide the fold farther over, so as to see beneath the lid and its cartilage as far as possible.

MENTAL HYGIENE.

We have received from the National Committee for Mental Hygiene a long report on methods and standardization of examinations for mental hygiene war work authorized by the surgeon general to organize and equip neuropsychiatric hospital units to be attached to hospitals during the war. This represents the first attempt ever made in organizing any army to take into consideration the neuropsychiatric qualifications of the man. The report has been accepted and will be used as a basis of official circulars.

The idea is to discover recruits who, although apparently physically fit, suffer from slight mental or nervous diseases which render them unfit for the service. Even in peace times they would be unfit to a certain degree, whilst experience of to-day in war shows greater mental strain than ever upon the nervous system. If even one or two men go to pieces, it hampers and weakens the military force in free performance of its duties, and after the war the government would be burdened with the care of many invalids. Get rid of them now is the idea of this plan. In examinations emphasis is laid on early recognition of disease. Amongst the directions mention is made that the examiners should look for contracted pupils, state of knee and ankle jerks, abdominal reflexes, nystagmus, fibrillary tremors, epileptic suggestions, tachycardia, enlarged thyroid, disorders of speech, general paralysis, dementia præcox, depressive insanity, psychoneuroses, chronic alcoholism, mental deficiency and drug addictions. Outside of these symptoms of general disease, attention is to be called to irritability, self seclusion, sulkiness or boisterousness, sleeplessness, suspicion and resentment. It is also suggested that, in examining large numbers of recruits, hospital sergeants could be trained and utilized so far as to note pupillary change, knee and ankle jerks, gait disorders, tremors in extended fingers and facial tremors on showing teeth. These suggestions have much practical value for examining recruits and if carefully carried out must result in obtaining an army of picked men.

VACCINATION IN THE FRENCH ARMY AND ITS RESULTS.

During the war of 1870-72 there were more than 30,000 cases of small-pox occurring in the armies of France of that era, much smaller, too, in numbers than those of to-day. As a result of universal vaccination of every recruit into the French army of to-day, there has been just one single case of variola reported during the first two years of the war.

AMBRINE: A HISTORICAL NOTE.

This remedy was discovered several years ago by Dr. Barthe De Sandfort, a sufferer from acute articular rheumatism. After taking a course of mud baths at Dax he gradually evolved for his personal use a mixture of melted paraffin, resin, and oil of amber. Working later in China he used it for burns in men building railroads, but his claims of success were ridiculed. Returning to France in 1904 he continued to use Ambrine, but met with similar ridicule as of old. Convinced of its value, he kept it alive until during the present war he brought it again to the fore with excellent results, as we all know. Although a proprietary article of probable secret composition, there can be no doubt that its chief constituents are paraffin, oil of sesame and some resins. At all events, our manufacturers are producing many similar preparations which give precisely the same brilliant results as the original remedy, if used in the early stages of burns.

MARCHING IN WAR.

The official papers of the day give abundant, and in fact innumerable, directions for marching well, by dictating largely concerning care of the feet, of the body, of the shoes, of the packing of equipment upon the shoulders and back, and even of taking care not to let the body sway. There is, however, one vital omission, and that is no mention is made of the imperative need to keep the head steady and straight upward from the chin. Keeping the chin steady, the head erect, and eyes well up, marching for miles is not so difficult or wearisome as straggling along in a slouchy fashion, with swaying head.

TWO GOOD EYES FOR THE AVIATOR.

Much has been written and said about aviation examinations, and a great deal urged concerning good labyrinthine equilibrium and good sight in at least one eye or even in both. But the last word in aviation will never be said until it emphasizes again and again the need of

good vision in both eyes together; in other words, binocular vision. This is particularly needed during observations in mid air, during estimation of the distance at which enemy airships are hovering about, but, best of all, for the self-preserving ability to make a good landing once more upon good mother earth after flights in the air. Without good binocular vision it is a very difficult matter to make a good landing, and thus after escaping foes in mid air to land safely, in your own person, without danger to limb or life or machine. Without binocular vision no man should be accepted; without it he runs enormous risks after happy escapes from multifarious dangers. Let every enrolling surgeon bear this imperative necessity ever in mind in examining those who are crazy to fly in the air.

UNEXPIRED LEASES OF ENROLLED PHYSICIANS.

Complaint comes from the West that in several cities physicians who have given their services to the nation and abandoned their practices and their offices are being embarrassed by unexpired leases for their offices which they are compelled by the owners to pay for or to stand suit. It is possible that a strong popular opinion may be created to compel the cancellation of office leases thus abandoned. Although nothing of this sort has so far been heard of in Maine, it is well to be forehanded in such matters, and in calling attention to actual troubles in other parts of the country they may be forestalled with us.

The JOURNAL will do its share to create a desired public opinion, provided instances of such troublesome burdens are brought to our notice at once upon occurrence.

PROPOGANDA FOR REFORM.

STANDARDIZATION OF SERUMS AND VACCINES.—The misunderstandings and difficulties as regards the standardization of serums and vaccines are pointed out by G. W. McCoy, Director of the U. S. Hygienic Laboratory. So far legal standards have been formulated only for diphtheria and tetanus antitoxin. A tentative standard for antityphoid vaccine has been devised. This completes the list of standardized biologic products. Though not standardizable, vaccine virus and antirabic virus are tested for potency in the process of manufacture. McCoy reviews the work which has been done in the attempt to work out and standardize other biologic products, and

brings out the many difficulties which are in the way (*Journal A. M. A.*, Aug. 4, 1917, p. 378).

BILE, A CHOLAGOGUE.—The view that bile absorbed from the alimentary tract increases the secretion of bile, and thus acts as a true cholagogue, seems to be established. The feeding of fresh bile to bile fistula dogs causes an almost constant cholagogue action. The bile of the dog, sheep and pig all have this effect, and ox bile seems to be the most active cholagogue. Of the bile constituents, glycocholic acid has a moderate cholagogue effect, but usually causes a great drop in bile pigment output in a bile fistula dog; taurocholic acid has a strong cholagogue action, but little inhibiting effect on bile pigment secretion; the bile fat has no influence on bile flow, but causes inhibition of bile pigment secretion; cholic acid has little effect on bile flow but may decrease the bile pigment output (*Journal A. M. A.*, Aug. 4, 1917, p. 386).

ADMINISTRATION OF AGAR.—O. H. Brown and W. O. Sweek favor the administration of agar in the form of a hot lemonade, chocolate or bouillon. For the preparation of a lemonade they direct to take two heaping tablespoonfuls of the agar powder, flakes or shreds; add to 1 quart of water, and boil till the agar is thoroughly liquified; sweeten and add juice of one lemon; then drink the entire quart while hot. They suggest that the quart of hot agar lemonade may be prepared in the morning, poured into a vacuum bottle, and taken leisurely during the day. They find that patients prefer to make use of orange, grape fruit, vanilla, maple or other flavoring in place of the lemon (*Journal A. M. A.*, Aug. 11, 1917, p. 467).

TRIMETHOL.—The Council on Pharmacy and Chemistry concludes that the claims for Trimethol are unsupported by acceptable evidence, and has declared Trimethol and the pharmaceutical preparations said to contain it—Trimethol Syrup, Trimethol Capsules and Trimethol Tablets—sold by Thomas Leeming & Co., New York, ineligible for New and Non-official Remedies. The Trimethol preparations are advertised for use in all conditions dependent on intestinal putrefaction, and some of the advertising claims give to Trimethol the scope of a panacea. A request for Trimethol having been refused by the manufacturers, the Council's bacteriologist examined one of the pharmaceutical preparations said to contain it. Although the preparation was found to be a germicide, the examination did not indicate that Trimethol had any remarkable potency or other properties suggesting that it possessed special therapeutic value (*Journal A. M. A.*, Aug. 11, 1917, p. 485).

Book Reviews.

The Diagnosis and Treatment of Abnormalities of Myocardial Function with Special Reference to the Graphic Methods.

By T. Stuart Hart, A. M., M. D.
The Redmen Company, New York.

An analysis of the different types of myocardial diseases as carried out with the aid of the most approved mechanical instruments. Each form is described at length under separate chapters and the whole work is profusely illustrated with tracings taken from a large number of selected cases. The effect of treatment, both general and by the use of drugs, is also emphasised by a careful study of the illustrations. The chapter on Graphic Aids to Diagnosis is somewhat condensed and would prove of more value to the average reader if the description and methods of using the instruments were given in more detail.

C. D. GREY.

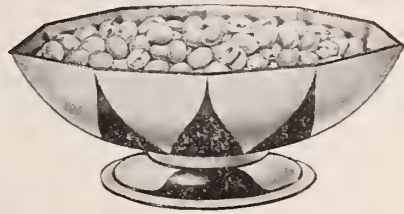
County News and Notes.

PISCATAQUIS COUNTY MEDICAL SOCIETY.

A special meeting of the Piscataquis County Medical Society was held in Milo Thursday evening, Sept. 27.

Dr. James A. Spalding, of Portland, President of the State Association, was present and gave us all a very pleasant evening. The subject of his talk was "Medical Affairs in Maine." The different subjects taken up in his discourse were the MAINE MEDICAL JOURNAL, Medical Affairs in Relation to the War, Medical Defense and Health Insurance. Dr. Spalding, always interesting and ever full of enthusiasm and vigor, made each member glad that he had journeyed to hear him.

It was unanimously voted that the MAINE MEDICAL JOURNAL should be continued in its present form.



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Chicago

(1652)

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Foreign Notes.

The *Lancet* for June 30 has a good paper on the cure of antral suppuration by the insufflation of powdered salicylic acid, an idea well worth recalling in treating cases of this disease which often resist other treatment. The patient mentioned in a paper by Wilde had suffered for fourteen years with a discharging antrum. Introducing into the cavity some cotton well rubbed into powdered salicylic acid and sugar, one to four parts, and renewed daily, the discharge ceased in a few days and had not reappeared after three months and more.

A paper by Dr. McPhail, entitled "A Day's Work," shows how the Canadian troops captured the Vimy Ridge, what they did, and how they suffered, and the surgeon's work in following the wounded back to the hospitals. For a long time the reviewer has read nothing equal to the charm of this paper in the *Lancet* of June 30. Throw aside your fiction, your useless magazines of the day on money, politics and trash, and read this paper worth a hundred thoughtless descriptions of men, women and fashions. The topics treated are: The Scene of Action, Medical Arrangements, Prevention and Treatment of Sickness, the Outlook, Lessons of the Past and The Message of War. It is a paper of high value. Read and lay it to heart that, so far as the author can discern, he sees no signs of repentance yet in Germany. Mistrust, he urges, too much intellect as bolstered up by German culture, be loyal to the king, and to a good representative government.

WRITING WITH THE LEFT HAND.

Many soldiers are likely to come home from the war with the right hand injured, or with none at all. They will have to learn how to write all over again, and with the left hand. Physicians and philanthropists wishing to educate such men will find in the *Lancet* for June 27 two photographs which speak plainer than words and teach precisely how to instruct the compulsory left handers how to write again. The essence of the new teaching is to place the paper for writing slopingly toward the left, making an angle of 50 degrees to the front of the desk, and then writing slopingly on that paper at an angle of 45 degrees. Do not try to write parallel to the edge of the desk.

FACIAL DEFORMITIES.

The same number contains many valuable pictures of masks made for facial deformities produced in trench fighting, as well as of "stamp-

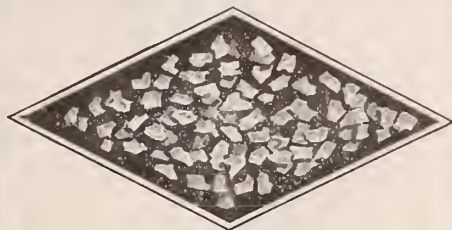
ers'' for temporary use in cases of high amputation in the hip. These latter serve to exercise the remaining portions of the leg, and are light, yet very strong. The paper accompanying these designs would not be of use if here reproduced without the indispensable illustrations, and the same may be said of the masks for facial injuries.

THE LUC QUARTZ SYRINGE.

This curious syringe mentioned in the *Lancet* for June 27 deserves notice, because within it all sorts of solutions can be boiled and sterilized without cracking the container. Although expensive (some \$7.00 each), probably owing to duties, these ingenious syringes seem well worth the price. The only precaution needed in using them is to withdraw the piston full back.

RHUBARB LEAVES AND FLOWERS AS A VEGETABLE.

Much notoriety has attached itself of late to an asserted large number of instances of poisoning from eating too freely of the leaves and flowers of the common garden rhubarb plant. Replying to what he considers exaggerated accounts, Sainsbury, in the *London Lancet* for July 7, says that the amount of oxalic acid, the only possible poison ever discovered in rhubarb leaves, is so small (only one-eighteenth of the minimum fatal dose ever recorded) that assertions of its toxic effect are far from convincing. He has used rhubarb in his own family for years as a nourishing and edible vegetable, and although some laxative effect follows its use, he considers that that effect is a virtue rather than a defect or danger, and for himself, when available, he shall continue to use it as a vegetable.



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(1650)

PERSONAL NEWS AND NOTES.

We are informed that Lieut. G. A. Tibbetts, of Portland, and Lieut. L. L. Powell, of Saco, have arrived in France.

At Winterport, Me., on Aug. 30th, occurred the marriage of Dr. Nat. B. T. Barker, of Woodland, Me., and Miss Catherine Blaisdell, of Winterport.

Dr. Francis J. Welch, of Portland, delivered the address at the assembly of the York County Medical Association. Dr. Welch spoke on "Pulmonary Tuberculosis," with charts and X-ray exhibits.

Lieut. Edgar L. Flint, M. R. C., President of the Piscataquis County Medical Society, now stationed at Camp Grant, Rockford, Ill., was at home Sept. 21st as a witness on a homicide case. He left two days later to return to Camp Grant.

Lieut. James McFaydon, M. R. C., Vice-President of the Piscataquis County Medical Society, is now stationed at Fort Benjamin Harrison for a course of instruction.

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The Journal assumes no responsibility for opinions expressed by the authors.

VOL. VIII.

NOVEMBER, 1917.

No. 4

*MODERN ANESTHESIA.

By O. E. HANEY, Portland, Maine.

*Mr. President, Members of the Maine Medical Association and
Guests:*

As a foreword to the paper with which I shall attempt to interest your attention for the next few minutes, allow me to say that I hope that the kind of paper may not be a disappointment to you. I have purposely avoided (except in such cases where it seemed imperative) any discussion of the physiology or pathology of any of the different anesthetics in their action upon the human system, and have attempted to give you a word picture—a practical talk—based upon personal experience, and the experience of others concerning the different anesthetics and the methods of their present day use.

As an expression of the idea of modern anesthesia, I quote from the preface of the excellent work entitled "Anesthesia," by Dr. J. T. Gwathmey: "No longer are the leaders in medicine and surgery satisfied with a form of anesthesia which simply renders the afflicted one insensible to pain during an operation, and which allows the surgeon to work with freedom and confidence, but they insist further, and rightly, upon maintaining the patient's vitality, reducing the effect of shock as much as possible, and having the patient as comfortable as may be during the recovery and convalescence." I should add to that the almost as necessary qualification of a proper anesthesia from the patient's standpoint—as comfortable a process of induction as can be obtained.

* Read before the Maine Medical Association, June, 1917.

If the sole object of anesthesia in the light of modern medicine and surgery consisted in producing an unconscious state of the patient, then the object of this paper would be too slight to warrant its production. But ideas and methods of anesthesia have changed so rapidly in the past few years that definitions, even, published in the text-books of a few years ago hardly fill present-day needs. This may seem an extravagant statement, as hardly an anesthetic has been discovered within the memory of a majority of those present. It is in the methods of use of these anesthetics that the change is even now daily taking place. In fact, the whole change which has been brought about, by the combination of the different anesthetics, or their use in sequence, has taken place within comparatively a very few years, hastened and perfected by different forms of apparatus brought out by the different men interested in this line of work.

To predict what the form of anesthesia of to-morrow will be is beyond the scope of this paper. I personally believe that even more wonderful changes are in store for those of our profession in the years to come. For example, of what use the anesthetist of fifty years hence will find the field of electricity is, at least, a pleasing conjecture. The subject of this paper, however, is concerned with present-day anesthetics, and the outline of their use as practiced by the best men of our day who are devoting their life work to this particular line of medicine.

Some of you may have done emergency surgery at the police station. If so, you are aware that the patrolman sometimes produces that state of insensibility by a well directed blow from his club over the head of the individual. It would hardly be agreed upon as an ideal method even if we could be assured of no evil results by way of skull fracture or concussion of the brain. If we could bar these possible complications, our patients would hardly elect that method of obtaining oblivion to pain from surgical operations. Neither will the patient, be he physician or layman, be willing to submit to the atrocities of an ether cone and can administered at the hands of a more or less experienced person when he has once experienced or witnessed the more comfortable methods of a modern anesthesia. I use the term modern, for I believe that the ether can and cone are as far removed from the comfort and safety of the patient, surgeon and anesthetist as the proverbial "one-hoss shay" from a modern six-cylinder car.

Anesthesia in its modern form, it seems to me, had better be divided into two stages, induction and continuance, rather than into the three stages of ether as formerly described in our text-books. If straight ether or straight nitrous oxide is used, then we have the same three stages for each, with a properly added fourth stage of marked

cyanosis or even arrested respiration, as ever. Anesthetics used in that sense have not changed, and never will. The change has come in the method of their use, one in conjunction with another, or in sequence, *e. g.*, nitrous oxide and oxygen, or nitrous oxide, oxygen and ether, in which the three stages are so rapidly passed through as to almost obliterate any line of demarkation between the stages, making, as I have stated above, more properly two stages, induction and continuance. The same is true of a chloroform and ether anesthesia, an ethyl chloride and ether anesthesia, and so on.

Before commencing a discussion of anesthetics and their methods of use, let us turn our attention to a matter of prime importance in the production of a proper anesthesia. I speak now of the anesthetist. Too great stress cannot be placed upon the qualifications of the administrator. The day of the pressing into service of anyone who can pour some ether upon a cone, nurse, attending physician, or, at best, some other surgeon who makes no pretense of expertness in the use of the different anesthetics, is happily fast being relegated to the past. In New York City, which has been the location of my work for the past four months, a surgeon would no more think of entering upon the work of a major (and so far as that is concerned, most minor operations where a general anesthesia is required) with no competent anesthetist than he would think of entering upon the same work without an assistant or an attending nurse. In the State of Pennsylvania two positions in every hospital are required by state law to be filled by a person of special training, and under salary from the hospital, namely, a pathologist and an anesthetist. The above condition already existing in the State of Pennsylvania, and under consideration in the State of New York, gives some idea of the importance attached to the anesthetist in the larger medical centres. To give some idea of the amount of work done by an anesthetist in New York City and Brooklyn, I will say that about one month ago I attended, by invitation, a meeting of the Society of Anesthetists of New York City. That society has a membership of over one hundred who do nothing but administer anesthetics as a vocation, and the society does not include all the professional anesthetists of New York and Brooklyn by any means.

As to the qualifications of the anesthetist: He should be, by nature and disposition, calm, cool in emergency, resourceful, and of wide, ample experience, interested in his profession, a reader and student of the experiences of others to add to the sum total of his own knowledge of the subject in hand, and what is quite as important, with a good working knowledge of general medicine, especially physical diagnosis, that he may be of real assistance to the surgeon in choosing

the kind of anesthetics to be used, and as a guide to the condition of his patient during the induction and continuance of the anesthesia and operation.

With the administration of a proper anesthetic in the hands of a proper person, the surgeon should be free to entirely forget and eliminate any thought of the anesthetic, or its administration. Care of the anesthetic not only adds an extra burden for the surgeon to carry, but tends to distract his thoughts from his own work, which should claim his whole attention. The surgeon should be able to leave the condition of the patient entirely to the anesthetist. A report from him of any adverse symptom should be the first necessity of attention on the part of the surgeon, and that only so far as it governs his movement in his own work, as here, again, the anesthetist should be of sufficient capability to choose, institute, and supervise the administration of any needed remedial agents during the operation, thereby again relieving the surgeon of anything outside the province of his own work.

REQUIREMENTS TO BE MET BY A PROPER ANESTHESIA.

These I would condense to three in number.

1. Safety and comfort of the patient.
2. Convenience and effectiveness for the surgeon.
3. Convenience and elasticity of possibilities for the anesthetist.

1. SAFETY AND COMFORT OF THE PATIENT.

Under the first head it is perhaps unnecessary to say that these conditions are by far the most important to be met in the administration of any anesthetic. The question of comfort to the patient is largely the point of concern in the stage of induction, which should be rapid, smooth, free from coughing or sense of suffocation on the part of the patient. After passing the stage of induction the patient is then oblivious to surroundings, and the attention of the anesthetist is chiefly concerned with the safety of the patient and the convenience of the surgeon, as well as the future comfort and safety of the patient during the period of "coming out" which is to follow.

The meeting of both these requirements is perhaps best accomplished in a majority of cases by an induction with nitrous oxide, oxygen and ether, and the anesthesia continued by an oxygenated ether vapor warmed before reaching the patient. But no one medium or method is adapted to all cases. For example, I personally like an ethyl chloride (ether induction followed by oxygenated ether vapor) better for children. Dr. Luke, of the St. Luke's Hospital (a most

thorough man in his work, and the inventor of a very ingenious apparatus for the use of nitrous oxid and oxygen) gives nitrous oxid and oxygen to children with impunity. His record is a gas oxygen anesthesia of $1\frac{3}{4}$ hours' duration in the case of a child one and one-half years old. Dr. Gwathmey first used, and either Dr. Sanders, of the German Hospital of New York, or myself, was the next to use gas-oxygen by the open method. This method works very nicely for children, especially if an oxygenated vapor of anesthol is introduced after analgesia is produced by the nitrous oxide and oxygen flowing into the open mask and before the oxygenated ether vapor is turned on. The advantage is that the mask does not have to be changed, there is no odor to frighten the child, and the analgesia comes on so quickly (in from 1 to 3 minutes) and yet so smoothly that the child is usually not at all alarmed or frightened. The disadvantage is the expense of a larger quantity of N_2O and O_2 , and though fairly rapid, as I have stated, not so rapid or smooth as an ethyl-chloride and ether induction. In the case of an adult it is more difficult still. I have watched Dr. Gwathmey give dozens (at least fifty and probably one hundred) of cases with the ethyl-chlorid and ether induction at the St. Bartholomew's Clinic, where these children come for the removal of tonsils and adenoids with but little, if any, preparation, one of the most difficult kinds of anesthesia to satisfactorily give. Here, of course, his wonderful personality and ability to get the confidence of a frightened child must be taken into consideration. But in all these cases I have never heard a child cry or seen a child struggle. One of his methods is to get the child counting with him, and I have never heard but one child count over forty with an ethyl-chlorid and ether induction before consciousness was gone to return no more until the operation was completed. For the aged person, the short, thick-necked individual, and the alcoholic—other indications as to heart and kidneys not contra-indicating—I think a chloroform and ether induction, to be followed by the warmed oxygenated ether vapor for continuance of the anesthesia, is safest and best.

Many of my hearers will no doubt contend for the ether mask and drop method of anesthesia as the most nearly "fool-proof," therefore the method with the greatest element of safety to the patient. Rather than enter upon any discussion in this matter I will give you the results of experiments conducted by Dr. Gwathmey and others, in which I was much interested while in New York. These experiments were not completed when I left New York, and I am indebted to Dr. E. Stebley Tibbets, of Cumberland, Md., for a detailed report of same. This report, which I received only yesterday, is as follows:

LABORATORY EXPERIMENTS TO DETERMINE THE VALUE OF DIFFERENT
ANESTHETIC VAPORS, ALSO OF BICARBONATE OF SODA AS
REGARDS ACIDOSIS.

"Recent experiments were conducted under the immediate supervision of Dr. George Barclay Wallace, of the Pharmacological Department of the University and Bellevue Medical College, to determine the value of warmed oxygenated ether vapor as compared with air-ether vapor at room temperature. Between fifteen and twenty experiments were made in the following manner:

"The animal was placed under a glass bell-jar, in the stopper of which was a tube to convey the anesthetic vapors. Another glass tube passed through the same stopper and terminated within one-half inch of the base upon which the bell-jar rested. The time was taken from the commencement of the administration of the ether vapors to the stoppage of respiration. The animal was then resuscitated and allowed to run at large for twenty-four to forty-eight hours, and then again anesthetized, but in the opposite way. The temperature in the glass jar was noted. The pressure with both air and warmed oxygen was determined by a mercurial thermometer, and maintained at a constant pressure of thirty-two M. M. The amount of ether at the commencement of each experiment was exactly the same. The final results were as follows: 70% of the experiments were in favor of the warmed oxygenated ether vapor, and 28% in favor of the air-ether vapor. Only one animal failed to respond to resuscitation, and this was an air-ether experiment. Two of the warmed oxygen-ether animals were breathing beautifully at the end of 22 minutes, requiring no efforts at resuscitation. The percentages mentioned above do not, therefore, and cannot express the very great advantage as regards life with warmed oxygen-ether as against air-ether at room temperature.

"A second series of experiments was begun with the idea of determining the comparative value of these methods of administration as regards immunity from infection. Still another series was conducted to determine the value of bicarbonate of soda as regards acidosis. The experiments were conducted in the following manner: Eight pregnant guinea pigs were used, and placed successively under a glass bell-jar as described in previous experiments. Four of them were given a hypodermic of 5cc. of a 3% solution of sodium bicarbonate. In addition, they were fed 5 cc. of this agent in milk mornings and afternoons. About one-half of this mixture was taken. The animals were anesthetized in the middle of the day for 25 minutes. The amount of air-ether or oxygen-ether was the same in each instance. The procedure was repeated for six successive days. While

the pigs were still anesthetized 2 cc. of blood was withdrawn from the animals' heart and the same amount of physiological salt solution injected. The blood was allowed to remain in the ice chest over night, each specimen in a separate tube. The following day the clot was removed and the serum was tested for acidosis by the Van Slyke method. The normal blood showed a percentage of from .55 to .75 alkalinity. The pigs which received a hypodermic of the sodium bicarbonate showed an average blood alkalinity of .933; the pigs which did not receive the hypodermic of sodium bicarbonate showed an average of .610. The pigs receiving the sodium bicarbonate showed a gain of .183; those not receiving the sodium bicarbonate showed a loss of .227. Four of these pigs received warmed oxygenated ether vapor and four air-ether vapor. Those anesthetized with the warmed oxygenated vapor showed a higher percentage of alkalinity than those anesthetized with the air-ether, the total being 52% greater in favor of the warmed oxygen-ether vapors. On the last day, one animal receiving air-ether died suddenly while under the glass bell-jar 15 minutes after the administration."

To summarize the results of these experiments, all pigs anesthetized with air-ether vapor at room temperature had suspended respiration in from 7 to 15 minutes, while two of the four pigs anesthetized by oxygen-ether vapor were continuing with normal respiration at the end of 22 minutes, when the experiment was discontinued. The other two were both resuscitated without effort by those conducting the experiment. One of the pigs receiving air-ether vapor could not be resuscitated, and one died suddenly under the bell-glass jar. These experiments furnish more conclusive proof than anything which I might say in regard to my preference in the methods.

2. CONVENIENCE AND EFFECTIVENESS FOR THE SURGEON.

Here I fear all too often the busy surgeon is satisfied with anything in an anesthetic which will produce unconsciousness and quietude of the patient's muscular system. Does he stop to realize, I wonder, the possible effect upon his work of vomiting and retching on the part of his patient following a saturation of the patient's system with 12, 14, 16 or more ounces of ether by the cone method? Does he compare that result with the rapid recovery from the anesthesia when a nitrous oxid oxygen and ether sequence is used, and 2 to 4 ounces of ether given for the same operation? Here the patient is out of the anesthetic in an hour or less, and little, if any, vomiting or straining on the surgeon's stitches. In some cases, at least, there must be a difference in the results of the surgeon's work. Under this head may

be mentioned the choice of an anesthetic which will remove all obstructions from the surgeon's field of work, *e. g.*, a rectal anesthesia for work on the face, jaws, mouth, or thyroid glands.

3. CONVENIENCE AND ELASTICITY OF POSSIBILITIES FOR THE ANESTHETIST.

This is the least important of the requirements for good anesthesia. The anesthetist is expected to conform to conditions, but different conditions are frequently best met by different anesthetics. Speed of induction is sometimes essential. An anesthetic of choice in one case may be contra-indicated in another. Here comes the demand for proper training of the anesthetist, and especially a knowledge of general medicine.

Methods of anesthesia may be classified as follows:

1. Anesthesia by inhalation—mouth, endo-pharyngeal and intra-trachæal.
2. Intravenous anesthesia.
3. Rectal anesthesia.
4. Local anesthesia.
5. Spinal anesthesia.

Anesthesia by inhalation is by far the most common of all the methods, and deservedly so. It is, or should be, the method of choice, excepting the fact of some contra-indication such as bronchitis, pulmonary tuberculosis, well-grounded objection on the part of the patient, or obstruction to the surgeon, as, for example, in operations upon the head, face or neck. Some of these objections may be overcome if nitrous oxid and oxygen is the medium to be used, as this anesthetic does not seem to have any greatly deleterious effect upon the mucosa of the bronchi or the lung tissue.

The most common form of inhalation anesthesia is by mouth, or mouth and nostrils combined through the use of face mask. This method requires no detailed mention, except to say that many forms of masks are in common use, made according to individual ideas of the different anesthetists.

Endo-pharyngeal anesthesia is accomplished by the use of nasal tubes with, or without, rubber tubes leading down into the pharynx. It is a very convenient form of administration, and largely used by many anesthetists as their usual mode of procedure.

Intra-tracheal anesthesia is a form at one time strongly advocated by some men as essential for maintaining equal pressure within and without the lung during extensive operations upon the lung or chest wall, for example, gunshot wounds of the chest. It is accomplished

by introducing a rubber or metal tube through the larynx after the patient has passed through the stage of induction, and feeding the etherized vapor through this tube into the trachea for continuance of the anesthesia. Dr. Elsberg, of Mt. Sinai Hospital, invented a very ingenious apparatus for accomplishing this work. It is somewhat cumbersome and complicated, and adapted only to the hospital operating room. The Gwathmey apparatus, which is easily portable, has an attachment, consisting of a mercury gauge to keep accurate knowledge of the pressure at all times, and answers all practical purposes. Drs. Elsberg, Meltzer and others, who were the strongest advocates of intra-tracheal anesthesia, now say that endo-pharyngeal will accomplish the same results in nearly all cases.

Intravenous anesthesia has been used, so far as I know, by only one man, Dr. Sanders, of the German Hospital in New York. He has compiled a list of about fifty cases, I think, without fatality. It seems to me hardly probable that this form of anesthesia would ever become a popular method. It is accomplished by combining ether and normal salt solution, and injecting in any usual site for intravenous injection. Dr. Sanders himself has, I believe, practically abandoned the method. At any rate, I did not have the opportunity to witness its application, and I confess I should hesitate to let loose a body of liquid ether into the blood current. Furthermore, I see no indications for an intravenous anesthesia which cannot be met equally well, and with a much greater degree of safety, by rectal anesthesia.

Here, theoretically, we have a form of anesthesia with some of the same objections, but practically it does not work out that way, and I have never seen or heard of a fatality. Of my small list of about 200 anesthetics given in the German Hospital of Brooklyn during the months of February and March of the present year, 7 were of the rectal type. Personally, I have never seen an unpleasant complication, yet I do not believe it wise for the novice to attempt the anesthesia by rectal method. It is very different in many of its symptoms from the usual inhalation form, and quick and effective action would be required in case of an emergency. To those of you who have never seen a rectal anesthesia, I want to say that you have missed one of the beautiful sights of medicine. A successful rectal anesthesia is a process of going to sleep on the part of the patient as peaceful and quiet as a babe tucked in bed by mother's hands. There is rarely any great elevation of pulse or respiration rate, little or no dilatation of the pupil, the eye will sometimes roll when the patient is really in a state of surgical anesthesia, and never any cyanosis. Any marked elevation of the pulse or respiration rate, growing shallowness of respiration, much

dilatation of pupil, or any perceptible cyanosis are any or all signs of immediate evacuation of any fluid left in the rectum or sigmoid, and rinsing out of the same with cold water. This procedure I have never been obliged to do in the operating room, however, nor have I ever seen it done in the experience of others. While some anesthetists, notably Luke, persistently refused to give their sanction to the method, yet they are forced to admit that it is more from theoretical than practical reasons. Dr. Lumbard, of the Harlem Hospital, New York, has a list of about 250 cases. Dr. Lathrop, of Hazleton, Pa., has a list of about 450 cases, and Dr. Gwathmey, several hundred. These three men have a combined list of at least 1,000 cases, with, so far as I know, no fatalities. It is sufficient to say that one of these men, when obliged to take an anesthetic himself, a year ago, for a knee operation, chose a rectal anesthesia. That seems to me to speak in the loudest terms as to what he thought of its safety. Dr. Lathrop has given rectal anesthesia for appendix, gall bladder, prostate, and hysterectomy cases, in fact, in nearly all kinds of abdominal work, yet personally, I should never choose a rectal anesthesia for any case inside the abdomen. No surgeon is infallible, and an opening into the gut might, it seems to me, cause a disagreeable complication from the ether gas pressure forcing fecal matter out into the peritoneal cavity. For operations outside the abdominal cavity, and especially about the face, head or neck, the method is ideal, as it removes the anesthetist, with his unsterile apparatus, entirely from the field of operation, leaving the surgeon as clear a field as he would have in a clean abdominal case when the inhalation method is used. Much depends upon the preparation of the patient in the success obtained by this method. Repeated colonic washings with gallons of water, if necessary, until the water comes back absolutely clear, are necessary as preliminary treatments. Any fecal matter left in the bowel will absorb the ether and defeat the desired object. Some anesthetists have objected to the method again on theoretical reasons, because of supposed danger of ulcerations of the bowel. None, so far as I know, have ever been reported, but here is another reason for thorough washing.

Local anesthesia in its common forms of freezing, or by injection (block method), hardly deserves the place in this paper, as it is more properly the work of the surgeon himself, he being the one who is already in the sterile field of operation, and would hardly wish to take the chance of the anesthetist's breaking his asepsis. I will simply mention the wonderful work of Dr. Crile, of Cleveland, in his amoci method, where he uses a local anesthesia by block method at the same time that a nitrous oxid oxygen analgesia is being given the patient

by the anesthetist. The patient is sometimes even able to answer questions during a difficult abdominal section without any sensation of pain.

Concerning the last method of anesthesia included in the list—spinal anesthesia—I shall have but little to say, and that little in condemnation. Theoretically and practically, I believe that we have here an unsafe anesthetic. This is true for several reasons. First, the possibilities of a needle broken by movement of the patient, infection within the dura by some break in aseptic technique, are sufficiently real that we cannot disregard them. Secondly, we are undeniably introducing what may be a poison to that given patient directly into his or her central nervous system, and what is more important still, when once introduced it cannot be removed. We must then stand helplessly by and take the consequences, be they good or ill. Partly for these reasons, and partly because the method has been largely discarded by the surgeons and anesthetists of New York City, I feel free to confess that my experience in spinal anesthesia has been small. For this fact, however, I have no particular regret. I will illustrate my meaning by giving you a brief history of a case I saw one afternoon in the Bellevue Hospital. An old man, with gangrene of the right foot, was brought to the operating room for a thigh amputation. His age, 77 years, and condition poor. It was decided (why, I do not know) to use a spinal anesthesia. Tropococain was injected into the spinal canal, and the amputation done with little or no pain to the patient. The operation was not completed, however, before the pulse became very bad, the patient practically unconscious, and hope of getting him back to the ward practically given up. The surgeon requested an anesthetist to wash out the spinal canal with normal salt solution, which was repeatedly done. After a time consciousness returned to the patient, and he was sent to the ward, though the pulse was hardly perceptible. What the final outcome was in this case I do not know, but it seems to me that this case fairly illustrates some of the dangers of this method.

List of most common media of anesthesia, their combinations and sequences:

1. Ether.
2. Nitrous oxide.
3. Nitrous oxid and oxygen.
4. Nitrous oxid, oxygen and ether.
5. Ethyl chlorid (for general and local anesthesia).
6. Ethyl chlorid and ether.
7. Chloroform.
8. Chloroform and ether.

9. Somnoform.
10. Anesthol.
11. Anesthol and ether.
12. Nitrous oxid, oxygen, anesthol and ether.
13. The local anesthetics.
 - a. Ethyl chlorid.
 - b. Liquid air.
 - c. Cocain.
 - d. Tropocain.
 - e. Novocain.
 - f. Eucain.
 - g. Stovain.

Ether is the most common media used for induction of anesthesia, usually in sequence with some other anesthetic, such as N_2O , or N_2O plus O, chloroform, ethyl chlorid, or anesthol. For continuance there is still a diversity of opinion as to the best method of using ether, whether air-ether vapor (open or closed) or oxygenated ether vapor. The oxygenated ether vapor, I think, is shown by experiments cited to be the safest of all. In a practical way the etherometer invented by Dr. Montgomery, of the Woman's Hospital, utilizing the principle of the drop method mechanically done and with perfect regularity, works very well for the continuance of anesthesia. For induction, Dr. Montgomery uses a Flagg yoke and Bennett inhaler, a combination which works very well.

Nitrous oxid is sometimes used for induction with only ether in sequence, as in the Bennett apparatus, also that of Hunt, of the Polyclinic. By far the greater number of the different kinds of apparatus, such as that of Gwathmey, Flagg, Luke and others, have equal access to the oxygen, and a much smoother nitrous oxid induction is produced by allowing a little oxygen to leak in all of the time. A more important reason for the simultaneous use of oxygen is the elimination of danger from the use of nitrous oxid. As remarked before, the sequence of nitrous oxid, oxygen and ether, is the one best fitted for use in a majority of cases.

The use of ethyl chlorid, and ethyl chlorid ether in sequence, has already been spoken of in children's work.

We now come to a drug which I am sure will cause some members present to criticise my advocating its use, that is, chloroform. Unfortunate results have obtained during and after the use of chloroform, but always, I believe, with reasons. Chloroform given alone by the ordinary surgeon, no; by the general practitioner of medicine with

only an occasional anesthetic experience, no; by a nurse, *never*. But I know of no prettier anesthetic in its action than chloroform, when given by a man well versed in his work, and especially if alternated with ether. Here I will diverge for just the moment from my resolution not to touch on physiology or pathology, and call your attention to the actions of chloroform and ether. The danger from chloroform, as we all know, is its heart depressant action. Ether is one of our best heart stimulants. Therefore, by alternating with the use of the two (not by mixing them as in the A. C. E., which is an abominable mixture) we are acting as if placing the two anesthetics in the opposite scale-pans of a balance, and if given in proper proportion the beam of the balance will hold its equilibrium, at the same time safely traveling a constant road to anesthesia.

The only other medium of the list requiring mention is anesthol. Anesthol is the name applied to a combination of 17+% of ethyl chlorid, 35+% of chloroform, and 47+%, the remainder, ether. It is put out by Lehn & Fink. The claim for anesthol is that the three ingredients are united by a stable chemical union in contrast to the A. C. E., which is only a mixture, and the relative amount of each drug that the patient is getting, at any given time, hard to determine.

One of the greatest objects of this paper is to convey to you the idea that the work of the anesthetist of the present day does not consist in drugging his patient into unconsciousness by some one fixed, set method. Rather, it consists of a proper knowledge of the use of all the known anesthetics, and the selection of the one, or combination, best suited to the needs of that particular patient. Could you but hear the expressions of gratitude, as I have, coming from patients who had previously taken straight ether (in some cases several times), and who had dreaded the anesthetic more than the operation, it could not help but be proof to you that the comfort of the patient is greatly enhanced by a modern anesthesia. In my opinion the time is not far distant when our patients will demand the greatest amount of comfort available during that trying ordeal.

The real anesthetist may be likened to the skilled musician, who, by manipulation of one or more strings of his instrument, brings forth a harmonious result. That, to my mind, is a true anesthesia, and he, to my mind, is the true anesthetist.

THE PRESIDENT: The paper is now open for discussion.

DR. STURGIS, of Auburn: Mr. President and Members of the Society: I was especially glad to hear this paper. I am pleased to say that I saw Dr. Gwathmey, a week ago to-night, give a rectal anesthesia. I agree with the writer of the paper in all that he said in its

commendation. There is one expression that the writer used that you may possibly misinterpret from what Dr. Gwathmey told me and what I saw. The expression, as I understood it by Dr. Haney, was "no obstruction to the operator." Now I saw Dr. Gwathmey sitting at the head of the table all of the time holding the jaw forward in a neck operation. He said that it was necessary. He did not wait for us to ask questions, but said it was necessary because the muscles are all relaxed, and you must hold the tongue forward just as much as with any other method. So, if any of you try it, please remember what I have said, as you will get the choking sensation just as he showed us. Every other feature until he let that jaw drop back to release the tongue was just as Dr. Haney has said, very favorable and commendable. I saw them work an hour and three-quarters on a patient. Dr. Gwathmey had a can of ether with him. He said if the patient became a little unruly when he got in the region of the nerves, he should use just a little bit by inhalation; he didn't have to. The next day I saw another prolonged operation in the same way on a man, and it worked as well on the second case as it did on the first. It was a revelation to me to see it carried out to such an extent and to hear him say that in all of his experience there had been no unpleasant results—no fatalities that he knew of. I talked with the patient the next morning and he was very favorably impressed, and said that he had not been sick in any particular. I think that we in Maine should learn how to use it, but we should benefit by the advice and experience of those men who have had so much.

DR. WARREN: Mr. President, I am surprised that this society treats this paper in this way. There ought to be something said about it. Anesthesia is a thing that we are using every day of our lives almost, and we have all gone through the horrors of the old-fashioned etherization; I certainly have. It was a wonder to me for a long while after the first abdominal butchery that I had done why my neck was so sore, until I found out that I had been etherized with an excess of ether until my neck was blistered. The first time I had ether I had it by the drop method and I did not know anything about it; I went to sleep. I want to thank Dr. Haney personally for his paper, because it is an illustration of modern medicine. I was brought up to give chloroform. We used to saturate a towel with it and hold the patient by the ears until he was insensible. We thought nothing about danger; we simply meant to make the man insensible, and we did it, too. I have seen deaths with ether and deaths with chloroform, and you younger men will see the time when no capital operation will be done without an anesthetist, without a man who will give an anesthetic who

is not a nurse, not a woman, but a man—a professional anesthetist—who will be paid for it as a part of the operation. Then a lot of the burden and responsibility will be taken off the surgeon's shoulders. I did not intend to speak on this subject, but I am marking time for the rest of you to think about something. Jackson, over there, knows a lot about it.

Five weeks ago a patient was sent in to the Maine General who was picked up on the street, as I understand the story, and sent in by the police ambulance—a young woman eighteen years old—one of the results of the present war. She had a husband, a soldier, who had left her when she was three months and a half pregnant. She reached the city not in labor, but very toxemic. She had a blood pressure of 180, a trace of albumen and no more, a general edema of the body from the thighs down, and the leg swollen. The vulva was so distended with fluid that it was impossible to make a vaginal examination. I had not tried the nitrous oxid method, and I asked Dr. Moulton, who has used it a good deal at the hospital, to try it on this patient and see what we could do. I don't know anything about what he did for I didn't look. I don't know whether she was blue or not; that wasn't my business. He was taking care of that end of it. I wanted to see what he could do so I would not be bothered during the anesthetization. At the first of it the patient struggled a good deal, and we had to wait once or twice until she got pretty thoroughly anesthetized. After once the primary anesthesia was passed, there was no more trouble and the section was made very readily. There was no special trouble anywhere, and she came out of it and was talking while I was doing my last stitches. She had no vomiting and no disturbance whatsoever from the anesthetic. I believe that was the first time it was ever tried in the city for a major operation. I would very much like to have some of you surgeons try it in some capital operation and see how you get along. She had no trouble afterwards, no vomiting.

DR. WILLIAMSON: Dr. Warren expresses a good deal of surprise that physicians in Portland do not get up and say something about this paper. I venture to say that the majority of the physicians are in the same position that I am in, and that whatever might be said would be of very little value. Personally, I know but very little about it. However, I wish to thank Dr. Haney for this most excellent paper. I believe it is a subject that physicians and surgeons should warm up to. Dr. Haney, as some of you probably know, has contemplated for some little time giving up general practice and taking up anesthesia as a specialty to obtain a livelihood. Now I believe that we physicians here in Portland and the surrounding country should not only thank

the doctor for his most excellent paper, but we should give him our hearty coöperation and help (not with thanks but with cash), and I can say, for one, that whenever the opportunity presents itself—and I believe that we can make the opportunity present itself a good many times when perhaps we think we cannot—I shall avail myself of it. I think we should ask Dr. Haney to help us out in some of those disagreeable cases and avoid some of the disagreeable consequences which we all encounter in surgery, obstetrics, or any branch where an anesthetic is needed. I had very unpleasant experience not very long ago in a quite severe abdominal operation I was trying to do. I was working as rapidly as I could, and my attention was not called particularly to the patient until I found that the patient was not breathing very often; in fact, I stopped to see how often she was breathing, and I would not dare to tell here. However, the person administering the anesthetic insisted that the patient was all right, and I had quite a little squabble in the way of conversation to get the patient uncovered so I could see. The patient was as black as anything I ever looked at, and I thought my part of the work would be done very speedily; but fortunately the patient revived and the operation was continued without any further bad results. I wish to repeat that I thank Dr. Haney for this most excellent paper that he has read to us here to-day, and I also repeat that I believe he deserves our hearty coöperation.

DR. SAWYER: Mr. President, I have been very much interested in this paper. It is certainly a most important subject. In years gone by, outside of general hospitals, half a dozen surgeons—would-be surgeons—would gather together and they would select a man that had the least ability of the lot to give the anesthetic. He would perhaps give a can, pouring the ether on half a dozen towels. Well, by waiting half an hour or an hour, the patient would get etherized and get through with it finally; and perhaps after coming out of it the patient would vomit for two or three days after that. I cannot see any excuse for the use of anything outside of ether when it is properly given; but that is where the point comes, to give it properly. If you soak a towel, or any mass, you are getting no evaporation and the patient is not getting etherized; a simple piece of stockinet over a mask, ether dropped on drop by drop, and in from three to five minutes that patient will be etherized; there is no question about that. I have seen it in the Mayo Clinic hundreds of times. They go easily and without struggling. Another important thing! The anesthetist gets the attention and confidence of the patient by talking to him constantly—keeps him right on the point and away from the ether. Speaking of giving chloroform, the best surgeon in the world cannot guard against casualties in chloro-

form giving. There are no premonitory symptoms; the patient will go out like a flash. I see no excuse in the world for its ever being given. I believe in ether, just plain ether with a mask. Put thin stockinet over your mask and drop the ether on. Give the patient plenty of air and you will have no difficulty.

DR. ADAM P. LEIGHTON, JR.: Mr. President, I did not intend to say anything in the discussion of this paper because I realized that I was so far outclassed in my knowledge of anesthetics and anesthesia. I thought I was approaching modernism when I used gas and oxygen in obstetrical work. I am using it now and have used it for over a year with excellent results. Unfortunately, I have not had any operating obstetrics with gas and oxygen; I have with ether. I was hoping that Dr. Haney would give us the benefit of the experience I imagine he must have had with gas and oxygen in obstetrical work. I believe, as Dr. Williamson does, that a man who has given up his practice and put his time and money in it as he says—and I know he has done it—deserves the commendation and support of this community. Anesthesia is a distinct entity as a specialty; so much so that we ought to turn to a man who has made a study of this subject. If the opportunity presents itself, as I hope it will soon, I am going to ask Dr. Haney to do it for me. I think we all ought to be glad to have in the community a man who has taken up this work.

DR. JACKSON, of Houlton: Mr. President, referring to one thing that Dr. Sawyer mentioned about ether: There were 9,000 and something anesthetizations given in the Mayo Clinic in 1916; 8,300 by the drop method, 700 and something local, and 25 ethyl chlorid. There were no chloroform anesthetizations. Dr. Haney says that chloroform anesthesia is the smoothest thing that can happen to the patient. It is if it works right; but you may have your case working apparently right, and subsequently go wrong. I have reference to that dreaded condition known as delayed chloroform poisoning, which cannot be differentiated from the toxins of eclampsia; in other words, you have a degeneration of the hepatic cells, and I know of no case in which the patient has ever recovered. If any of you gentlemen are ever unfortunate enough to have a case of delayed chloroform poisoning, I am sure you will be rather chary how you use it.

As for the use of the simple stockinet method in giving ether, a year ago last November, when they had the Clinical Congress in Boston, Dr. Bottomly gave me the privilege of being with Dr. Morgan, of Chicago, to witness the so-called Morgan apparatus. Dr. Morgan's apparatus is one absolutely simple. It consists of nothing but a metal cylinder into which ether is poured. The ether is carried out into a

tube and into a closed mass, getting the so-called closed induction method of anesthesia. I have had that method used in my work by two men since that time—a year ago last November. I have only the words of the patients themselves, and they say—those who have taken it both ways—that this is absolutely the easiest way that they have ever had ether. The instrument is started, and by the use of a simple little check-valve the ether vapor is increased gradually. You get your patient under, and then the patient is carried on with so much ether vapor and so much oxygen. There is nothing that could be more simple, and there is nothing, the patients tell me, that can be more agreeable to them.

Another thing. I think it would be far better if some of you gentlemen from this city, and some of the gentlemen from the other cities in the State of Maine who are connected with the hospitals (Dr. Sturgis is one), would train your internes to give ether than to give them the exalted idea that they are going out and do Cæsarean sections the first year they are out. It is a safe bet that the average interne who graduates from the hospital cannot give a decent ether anesthesia. You allow your nurses to do it, and those same nurses go out with the exalted idea that they know more about anesthesia than any man that ever was created. Another thing. If you want a good anesthetist, as Dr. Leighton has suggested, pay him.

DR. CRANE: Mr. President, I was very much interested in Dr. Haney's paper. Personally, I have had no experience with gas and oxygen, but I have had quite a little with ether. We have ten surgeons, five senior surgeons and five assistants. They all have a service of seventy-three days each. Each service has an etherizer, a private practitioner, and in that way we get along very well. I used stovain in one case with very good results. The idea that anybody can go ahead and give ether is absolutely wrong. Thirteen years ago when I started in practice, anybody could go ahead and give ether; but now the idea is to have somebody trained in every community. In regard to chloroform, I have had very little experience.

DR. STURGIS: Mr. President, Dr. Sawyer said that he did not know of any excuse for giving chloroform. I have had reason for giving chloroform in two cases. One case was that of a woman who would not be anesthetized with ether. An anesthetist who had had six month's experience in the Boston City Hospital was unable to put that patient under ether and keep her there. A few whiffs of chloroform, however, would hold her easily. I have another case in mind of a man who is so excitable on coming out of ether that he has lost control of himself completely and has attempted suicide; but he takes

chloroform very kindly and has done it at least fourteen times to my knowledge. I think it is a good thing to fit your anesthetic to the case in hand. To go back to the other talk that I should have mentioned, Dr. Gwathmey, upon my questioning, made the statement that rectal anesthesia could be used on anything outside of some rectal or sigmoid lesion.

DR. SAWYER: What are the advantages of the rectal method?

DR. STURGIS: Dr. Haney gave you those. I would not like to go into that.

DR. ROBINSON: Mr. President, I would like to say just a few words as to spinal anesthesia. I did not hear Dr. Haney's paper, but I am sure he mentioned it. I have just returned from France after nine month's service in a base hospital there. We used considerable spinal anesthesia on the severe injuries to the lower leg and thigh. Practically no amputation was done without spinal anesthesia. A few were done with general anesthesia and, when their condition was poor, the shock of the operation was tremendous. In the operations that are done there, as you know, the amputation stumps are left open. They are not sutured, and the shock of the operation and the post-operative shock is tremendous. A case which is given spinal anesthesia has practically no post-operative shock. Occasionally the pulse becomes very thready if the patient has not been previously stimulated; but we made a routine of giving every patient who receives spinal anesthesia a pint of saline under the pectoral muscle before he left the table, and used either caffein or camphor. Those men had no post-operative symptoms whatever. Local anesthesia was used a great deal in removing foreign bodies which were easily accessible; but its chief function was perhaps in the resection of ribs for empyema, or, more accurately, infected hemarthrosis. Chloroform was not used at all for the first month by us, until the opening of the summer, when men came in in such great numbers that it was impossible to keep up our work by using ether, the process was so long. With men exposed to the elements and alcohol and smoking cigarettes occasionally, we found it was necessary to induce anesthesia with chloroform and change to ether, and that was our procedure for the nine months. We had, I am sorry to say, one chloroform death, which happened some two minutes after the beginning of the anesthesia and before any attempt had been made to change to ether. I think that perhaps spinal anesthesia has had rather unfavorable criticism in certain quarters, but for traumatic injuries to the lower leg and thigh there is nothing which will give such good results. In some hospitals in this country the usual procedure when a man comes in with both legs

run over, in extreme shock, is to give him spinal anesthesia before attempting to do anything. A man given spinal anesthesia in a condition of that sort will drop to sleep and he goes to the operating room sleeping peacefully. You can imagine the tremendous amount of shock that is caused by handling legs with perhaps compound fractures of the bones. (Applause.)

DR. DUNN: Mr. President, I was sorry to hear Dr. Haney say what he did about spinal anesthesia. I have had a little experience with it. I have watched just two cases and I do not want to see any more. One case I recall, that of a minister in this city, one of the brightest men who ever came here. He was forty-two years old, and suffering from an infection of the gall-bladder. I had in consultation with me two good surgeons of this city, Drs. Thompson and Brock. We decided that an operation was necessary to save his life. The wife wanted, as some of them do, you know, somebody from a distance to do the operation; so we sent to Boston for a noted surgeon of great reputation. He came down here with an assistant, we took the patient to the Maine General Hospital, and the operation was performed, with spinal anesthesia. The surgeon was very slow in operating, and all through that operation that man knew what was going on, and every now and then he would cry out, "Oh, you hurt! You hurt!" The surgeon was an hour and fifty minutes doing that operation, and when the patient was taken from the table, he was suffering from such shock that he never recovered and died the next morning. I have not the least doubt in my mind that, if the doctor had operated on him under ether, he would have lived.

DR. COOMBS, of Augusta: Mr. President, I have had occasion to give an anesthetic many hundred times, and I will have to confess that I am very fond of the chloroform-ether method, that is, the introduction of the anesthesia by chloroform and the continuance of it by ether. The patient goes under it quickly and easily and without struggling, it takes very much less ether, and he comes out quickly, with usually very little vomiting. I think that in probably 75 per cent. of the cases where I have administered an anesthetic I have used that method, and I have never yet seen bad results.

DR. SAWYER: Mr. President, if I may be allowed a word in passing. The doctor has just spoken of starting the patient with chloroform and following it up with ether. I saw one man go out like that, and that was the last of my giving chloroform. I know that ether is safe.

THE PRESIDENT: If there is nothing further, we will ask Dr. Haney to close the discussion.

DR. HANEY: Mr. President, I want to thank the members present for their interest in what I have tried to say to them. To me, the best compliment you can give me is to get up and fight over it; and in reply to two or three suggestions that were started, I would like to say one or two things.

First, I was more than glad to hear Dr. Sturgis say that he had seen the rectal recently given. That corroborated to you what I had tried to tell you about rectal anesthesia. One thing Dr. Sturgis has skipped. Dr. Gwathmey's method, Dr. Sturgis, is not to use an air-way tube very often. He believes in his fingers. His method is to hold the jaw forward. He believes in it and that is all right; that is his way of doing. Now there may not be very many men in the room who understand just what I mean by an air-way tube. It is a hollow tube, made either of wire or metal, and fitting down over the back of the tongue in such a way that the patient cannot close the throat. If the lungs are acting, the patient is going to get air. With an air-way tube slipped in over the tongue, and the jaw held forward by some mechanical means, say a strip of adhesive plaster, he could have walked out of the room if he had felt safe about leaving his patient. That can all be done away with by changing Dr. Gwathmey's one simple step; that is all.

One member brought up something that I knew was going to be brought up here, and I am going to make this very brief because, if I could have two or three minutes, I would like to read two or three cases to you. I knew that somebody was going to spring the Mayo Clinic on me. In reply I have nothing to say whatever, except that they run their own clinic in their own way, and that means that they are putting through their operating room twenty-five or thirty cases per day. No one anesthetist can possibly do their work; they must have a series of them. Therefore, they must use some method which everybody is accustomed to and everybody gets equal results. That may not be their reason for using straight ether, but they must have some reason which is their own particular reason, because I will tell you this, that the week before I went to New York the Mayo Brothers asked Dr. Gwathmey to go to Rochester, Minnesota, and demonstrate his apparatus and its use. He did so, and Dr. Gwathmey has in his possession a letter from William J. Mayo in these words: "It is the only anesthetic I have ever seen which appeals to me." But he does not use it. They must have some other reason. That I will not discuss any further, because I do not know, it's their own reason.

One gentleman mentioned chloroform poisoning. I am very glad he did. You noticed that I overran my time, and yet I could not put

all that I wanted to into the paper by any manner of means. One of the things I said about chloroform was that the immediate or future results were sometimes unfortunate, and by "future results" I put it all in one term—future. I meant just what he talked about—trouble with the kidneys afterwards. Now I won't tell you what I think about it, but I will tell you what Dr. Buchanan, the teacher of anesthesia in the Post-Graduate School, says, also what Dr. Gwathmey and some others say, namely, that, if you are going to give chloroform for the continuance of your anesthesia, dry your chloroform vapor out by oxygen; use oxygenated chloroform vapor and you eliminate these troubles. I will tell you what I saw done in the Post-Graduate Hospital. I saw an anesthetic given to a young man, a cigarette fiend and all the rest that went with it. Dr. Buchanan gave this man an oxygenated chloroform vapor throughout the operation for the removal of a kidney, leaving only one good working kidney. You can see for yourselves what faith he had in the oxygenated chloroform vapor.

With the permission of the meeting, I would like read a few cases showing different kinds of anesthesia.

CASES ILLUSTRATING USE OF NITROUS OXID AND OXYGEN.

CASE I.—Mrs. M., aged 29 years. Large, well-developed woman. Case, incomplete abortion. Nitrous oxid and oxygen used for curettage of uterus. Operation required thirteen minutes. Anesthesia required, fifteen minutes. Patient answered questions almost immediately after removing mask, and said she had sensed nothing of operation. No preparation given the patient, and patient vomited once before going to ward. Recovery, uneventful.

CASE II.—Mr. S., 24 years of age. Well-developed man. Case, excision of osteoma of great toe—removal of nail and matrix included in operation. Operation required nineteen minutes of anesthesia. No ether used. Induction without incident, and upon removal of mask the patient asked if operation was done, and remarked that he had felt no sensation of pain. Patient was in hospital over night, and usual preparation for ether given. No nausea or vomiting, and patient went to ward immediately after application of dressing to foot, absolutely in full control of senses, and much pleased with the results of his anesthetic. No untoward results in any way.

CASES TO ILLUSTRATE NITROUS OXID, OXYGEN AND ETHER SEQUENCE.

CASE I.—Miss T., aged 28 years. Interval appendix. This case was a very good case for the demonstration of this method of anesthesia. Patient in fairly normal condition. Prepared with M. gr. 1/6 and A. gr. 1/150—rather nervous, however, from being obliged to wait in anesthetic room during whole of long gall-bladder case preceding. Was fully anesthetized in one minute from time of application of face mask and opening the nitrous oxid valve. Ready for operating room in three minutes fully under ether—color pink, pulse 96, but more due to nervous condition, as pulse was 88 to 92 before starting anesthetic. Pulse did not vary at first from 96, but when smoother anesthesia obtained, dropped to 88 and remained there during the operation. Operation, plain appendectomy, occupied twenty-two minutes. Total duration anesthesia, thirty minutes. A little less than two ounces of ether used. Patient beginning to come out of anesthetic when removed from operating room—practically out when seen in ward one-half hour later. No nausea, no vomiting.

CASE II.—Mrs. G., aged 31 years. Italian. Cholecystectomy. Patient very nervous before anesthetic; did not take nitrous oxid well. Became somewhat cyanosed. Oxygen did not seem to pull patient out of cyanosis as quickly as desired. Mask removed for few breaths of smooth anesthesia, but no one system is perfect. Perhaps some other then went on well with anesthetic for one hour, ether four ounces used, color good, pulse and condition good all through severe abdominal operation. Saw patient two hours later in ward, condition good, no vomiting, but a little nausea. This case does not sound like a very smooth anesthesia, but no one system is perfect. Perhaps some other method of induction, or some other method of preparation would have been better for this particular patient. The cyanosis may have been due to the Fowler position used for cholecystectomy. This is a built-up position on the operating table with the shoulders elevated on pillows piled high.

CASE III.—Mrs. S., aged 29 years. Cesarian section. Patient in very bad condition. Nephritic, some cerebral lesion, right pupil dilated, no paralysis, patient conscious but "dopy." Temperature 100°, pulse 112, and "thready" when anesthesia started. Anesthesia begun at 9.10, stopped at 10 P. M. Choice of induction, question in such a case. Nitrous oxid, oxygen and ether decided upon, more to see what sequence the time she was in operating room; became more "thready." Pituitrin oxid slowly—two minutes occupied to induce the anesthesia. Ether gradually fed in—five minutes occupied to finish the sequence. Pulse

of patient rose to 120 upon emptying uterus and remained there during the time she was in operating room; became more "thready." Pituitrin 2 cc. and whiskey hypo given. Ether one and one-half ounces used for the fifty minute operation. Patient left operating room with pulse of 120 in fair condition. Patient died at 4.00 A. M. Autopsy showed thrombus of middle cerebral artery with softened area, accounting for the dilated pupil and other symptoms, and the cause of death.

CASE IV.—Mr. W., aged 54 years. Stout, heavy-built man of German nationality. Habitual drinker; short, thick neck, and beginning arteriosclerosis. As bad a type as one could imagine for the use of N₂O and O and ether sequence. I should have much preferred to have given a chloroform and ether induction. The surgeon, however, had promised the patient gas. Patient took nitrous oxid badly, cyanosed, but no cessation of respiration. Five minutes elapsed before I could establish a smooth gas-oxygen anesthesia, and change to ether vapor. Ether anesthesia established in eight minutes. The operation was for repair of old fracture of patella and included suture of fascia, occupying one hour and forty minutes' time. Five ounces of ether was used. The patient was partly out of the anesthetic by the time splint was applied to the leg. When seen in his room two hours later, he was bolstered on pillows in half sitting posture, helping himself ad libitum from a glass of water on the stand. His expression of feature was as normal as if he had never taken an anesthetic. There had been absolutely no nausea.

CASE V.—Mrs. M., aged 47 years. Secondary operation, after gastroenterostomy done eight days previously. Most interesting case from surgical point of view. Patient developed symptoms of intestinal obstruction, and while the most hazardous kind of a surgical risk, yet the surgeon felt obliged to make an effort to save the patient. Patient came to anesthetic room with pulse 108, and none too good in quality. Nitrous oxid, oxygen and ether sequence given. The induction had no unusual incident. The abdominal wound was reopened, and thick spongy mass found at site of stitches of previous operation. The posterior layers of sutures were found to be healing well. The trouble was found to be from mass of spongy tissue in front of these sutures. The surgeon attempted to remove this mass of tissue, and repair damage in that manner, but found that tissue would not hold stitches. A large Murphy button was tried. This also failed. The surgeon then did a second gastroenterostomy. The operation required one hour and forty-five minutes. At the end of one hour and thirty minutes the patient's pulse became very poor in quality, with rate of 130 per minute. I ordered strychn. sulph. gr. 1/30th hypo. and 2,000

cc. normal salt solution given intravenously. The pulse immediately showed marked improvement in quality, and the patient left the operating table with respiration 36 and pulse 120, and, strange to say, made an uninterrupted recovery. In my opinion the use of five ounces of ether instead of a possible fifteen made the probable difference between life and death to this patient.

TO ILLUSTRATE COMBINED NITROUS OXID, AND OXYGEN AND LOCAL ANESTHESIA.

Patient, man of 57 years, rather emaciated, color bad, and rattle of mucous in trachea as carcinoma involving cardiac end of stomach and lower end of esophagus was evidently pressing on trachea. Surgeon agreed that case was not a safe ether risk. Surgeon had considered attempting exploratory incision under local anesthesia. Suggested Crile method, and the surgeon readily agreed. Took patient to operating room, and subcutaneous injections of one-half of 1% novocain solution made along proposed line of incision. Nitrous oxid and oxygen then administered for two minutes when a deep analgesia produced. Dr. Fowler then proceeded with usual steps of gastrostomy, leaving a rubber tube sewed into the external wound for stomach feeding, as the disease was too extensive to permit attempt at removal. The abdominal muscles of the patient were sufficiently relaxed at all times to permit the surgeon to work, though the patient raised his hands and arms twice during the operation. There was no attempt to struggle on the part of the patient, and he afterward denied any sense of pain or knowledge of surroundings at any time. The operation lasted forty minutes and during this time not a drop of ether was used. Within two minutes after removal of mask from patient's face he had regained consciousness, no nausea, no vomiting, and returned to ward in good condition.

TO ILLUSTRATE RECTAL ANESTHESIA.

Patient, medium sized woman, 42 years of age. Exophthalmic goitre. Usual symptoms of disease, except that pulse rate was not excessively high, about 90 per minute. Nervous symptoms prominent. Colonic washing given evening previous to operation. Colonic washing given at 6 A. M. Paraldehyde, olive oil and ether, each $\frac{1}{2}$ oz., per rectum given at 7 A. M. Morph. sulph. gr. $\frac{3}{4}$, and atropin gr. $\frac{1}{150}$ given hypodermically at 7.30 A. M. Ether 5 oz. and olive oil 2 oz. given slowly into rectum at 8 A. M. Patient went to operating room at 8.30 A. M. for operation of one hour and fifty-five minutes. No incident whatever. Patient slept peacefully through operation.

No dilatation of pupils, very little stertorous breathing and no cyanosis. No anesthetic by inhalation given at all. During operation highest respiration and pulse rate was 28 and 88 respectively. On leaving operating table respiration rate was 20 and pulse 72. Patient taken to ward, colonic washing done with cold water and signs of awakening consciousness appeared in about three hours. Patient made uneventful recovery.

TO ILLUSTRATE CHLOROFORM AND ETHER INDUCTION.

Patient, old lady of 74 years. Strangulated hernia. Pulse 120, and skipping one beat out of every ten when the anesthetic was started. A chloroform and ether induction was chosen and given very slowly. Ten minutes was occupied in the same. The anesthesia and operation proceeded without incident. Pulse did not change during the operation. At the close of the operation, respiration rate was 24 per minute and pulse 120, and as good as when anesthetic was started. Patient made uneventful recovery.

DR. SAWYER: I would like to ask Dr. Haney if he is in the habit of giving a "hypo" of morphina before an anesthetic?

DR. HANEY: That is one of the many things which I did not have room to put in the paper. I believe in some preparation for an operation, and morphine is one. You will get in some cases a nausea and vomiting afterwards, I believe, purely from morphine. If I were to take an anesthetic myself to-day, I would not have them give me morphia, but, rather, paraldehyd and potassium bromide. Two drams of potassium bromide in four ounces of water given in the rectum the night before, the patient sleeps better. Give some more potassium bromide and paraldehyd in the morning in the rectum, and you have got your patient quieted down, with perhaps 1/150 gr. atropin to take care of the mucus in the throat. In this way you have accomplished the work done by the morphine and will possibly limit the vomiting. As a matter of fact, it is better to quiet down the nerves of your patient even at the expense of something else. I am far from criticising its use except in the way I have spoken. I frequently give an eighth, sixth or a quarter of a grain of morphine hypodermically, depending on the size of the patient.

DR. STURGIS: May I ask Dr. Haney what Dr. Gwathmey's objection is to the 2-4-2 mixture, if he has any?

DR. HANEY: Mr. President, I do not know whether I do not understand Dr. Sturgis or whether he does not understand me.

DR. STURGIS: He told us he used four ounces of ether, two of oil and two drams of paraldehyd.

DR. HANEY: That is simply a matter of deciding to give an eighth of a grain to a patient where another physician would give a quarter.

THE PRESIDENT: I think, gentlemen, we are very much indebted to Dr. Haney for this most excellent paper.

MEMORIAL TO THE LATE PRESIDENT HYDE.

The following memorial, drawn up by the undersigned members of the faculty of the Bowdoin Medical School, is herewith presented to our readers, as an appreciation adopted by the faculty, graduates and present students of the school:

"William DeWitt Hyde began his service as president of the Bowdoin Medical School thirty-two years ago. At that time not a single one of the more than sixty men who are now actively teaching in the school had begun his work. Like President Eliot of Harvard, President Hyde of Bowdoin believed that the presidency of a medical school entailed obligations and opportunities. Long before the medical schools of this country had become targets for benevolent assault by boards and foundations, President Hyde, in the face of opposition which was vigorous and sincere, determined that the Bowdoin Medical School should not remain commercial, and his determination prevailed. But when our school, like every medical school in America, except one, encountered criticism which President Hyde believed to be unjust, his defense was spirited and prompt.

"For exactly one-third of its lifetime, the Bowdoin Medical School has been guided by this great leader. Even in the last year of his life, President Hyde was formulating plans for future increase in the endowment of the school.

"Ours is a share in the legacy which this lifetime of joyous, keen-sighted devotion has left to Bowdoin College. In behalf of the teachers, the graduates and the students of the Bowdoin Medical School, we place on record this expression of our gratitude for what President Hyde has done and for what he was.

ADDISON S. THAYER,
FRANK N. WHITTIER."

IRREGULAR PRACTITIONERS OF MEDICINES.

To the Editor of the Maine Medical Journal:

There are too many disciples of cults or systems of irregular practice of medicine doing business in this State. Chiropractors, osteopaths, mechano-therapists, naturopaths, electropath, and what not, practice their particular type of healing at will. May I ask you, as editor of the MAINE MEDICAL JOURNAL, to bring this matter to the attention of the members of the Maine Medical Association?

Only persons licensed by this Board as medical practitioners or members of the Maine Osteopathic Association have right to use the prefix "Dr." or the words "doctor" or "physician." This Board has recently had cases reported to it where certain persons practicing the above named systems, have made illegal use of the prefix "Dr." and the words "doctor" and "physician." It behooves each practitioner of medicine, especially each member of our Association, to report the name of persons unlicensed by this Board who are practicing any system or mode of healing or therapy in opposition to the medical laws of this state.

ADAM P. LEIGHTON, JR.,
Chairman.

October 9, 1917.

IRREGULAR DELIVERY OF THE JOURNAL.

The President of the Association regrets exceedingly, in traveling throughout the state, to hear complaints made concerning the defective delivery of the JOURNAL, and even of no delivery at all to many members for some months past. Careful inquiry reveals the fact that the persons having the mailing list in charge had failed to preserve it intact, had never noticed in the least that an entire page of names was totally missing, and had taken no precise care to satisfy themselves that the JOURNAL was even sent to all the names on such lists as they had on hand. These faults, having been called to the attention of the Editor, will be remedied at once, and a system of checking off of member's names and provision of a perfect list has already begun and will be faithfully carried out to the end of the current year. All members failing, in spite of watchful care, to receive their numbers regularly, will confer upon the Editor the exceeding great favor of informing him at once, when a fresh copy will be forwarded immediately and without fail.

Surgical Instruments, Hospital Equipment and Laboratory Supplies

These times demand better equipment, and the expenditure of *more time and energy* in the practice of medicine. Many physicians have been called to the colors. Their absence puts additional obligations on physicians at home; and the latter should equip themselves to meet the increased demand on their time and medical knowledge.

Dont Practice False Economy

Economy in all lines is desirable; but it is *false economy* for physicians to allow their equipment to deteriorate.

The Sales Manager of one of the larger instrument companies, writing on this subject, says:

"I see in the future, and I hope that my vision is not faulty, a great need for Hospitals—for Hospital Equipment. Possibly 25,000 of our best doctors are going to War. This means that the remaining doctors must be better equipped so that they may take care of a larger amount of patients. It also means that more people will be taken care of in Hospitals than in private homes, because one doctor would be able to take care of more people collected together in a Hospital than he could scattered broadcast over a community."

A Special November Issue

In order to give the manufacturers and distributors of Hospital Equipment, Surgical Instruments, and Laboratory Supplies, an opportunity to present their announcements to our readers, we have invited them to make use of this issue. We include in the category of Surgical Instruments all operating utensils, cabinets, tables, syringes, atomizers, hot water bags, leather cases, bags, etc.; and among Laboratory Supplies, apparatus for urinalysis, blood counts, microscopes, ovens, and all kinds of porcelain and glassware equipment for laboratories of physicians, Sanitariums, et cetera. Hospital equipment comprises hundreds of specially manufactured articles, such as uniforms, beds, furniture, operating outfits, sterilizers, foods, etc., etc.

Physicians Requested to Read the Announcements

Our readers comprise the majority of the medical profession. We want them to know where they can obtain the latest improved facilities for the practice of medicine. We therefore invite the attention of our readers to the sections of our Journal which tell them *how* and *where* the "tools" for their work can be obtained. We assure them that all the goods advertised in this Journal are believed to be exactly as represented. Don't practice *false Economy* in these times. "Buy from others, and you will be equipped so that others may buy from you."

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JOURNAL OF MAINE MEDICAL ASSOCIATION

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*Editorial Comment.***MAINE'S NEW HEALTH LAW.**

Instead of offering to our members the difficult phraseology of the above law as passed by our last Legislature—for few would trouble to read it—we are glad to present an abridgement of an excellent paper on this topic from the pen of C. E. Turner, of the Massachusetts Institute of Technology.

At the adjournment of the 78th Legislature of Maine on April 7, the newspapers commented upon its Acts relating to war, suffrage and prohibition, but little was said on a matter no less important to a modern democracy, namely, public health. And yet this Legislature should be credited with giving Maine a form of health organization second to none in the nation, and which is sure to place our state among the leaders in preventing disease and safeguarding the health of its people.

The act creating a Department of Health was introduced by the Maine Medical Association, through its extremely efficient legislative committee. The influence of this organization is widely felt in Maine, and from such an association, with its committee, it is plain that the continued and assured support of this wide-awake and progressive body of physicians will be of inestimable value to public health progress. The support accorded to the measure by educators and others was also important. Their statements, with letters from summer residents and public health experts, assisted materially in placing the need clearly before the proper legislative committee, which gave to the main pro-

visions and details careful thought. Once convinced of its worth, they worked to secure its presentation in a desirable form, and reported unanimously in favor of its passage.

The establishment of such a department is a step in advance, which clearly expresses the appreciation of public health work in Maine and a desire that the state shall have the best method for carrying on the work. The old State Board of Health was set up in 1885, and has a good record of faithful service. Its reports on school hygiene, disinfection, prevention of tuberculosis, development of formaldehyde gas, and special methods for education of the public health, have met with great approval. Yet it is significant that the state which was among the last to establish a Board of Health, should now be amongst the first to institute a reorganization best calculated to carry out the increased public health ideals of the era.

This need of reorganization arose from conditions seen in many another state. The old Board, created when sanitary science was in its infancy, was overburdened by recent advances in the science. Bills to allow them to embark on new fields of endeavor have been often before recent Legislatures and amongst them may be included inspection of summer camps and hotels. Such piecemeal legislation was, however, hard to obtain, and the old Board felt that its activities were limited indeed.

It was evident, at last, that there was need for improvement in local health administration. A few of the summer resorts, York, for instance, secured the services of a trained health officer, and the experiment was so successful that after three years of trial, continuation was passed by unanimous vote at the last town meeting.

Amongst other needs of the day are control of contagious diseases, better distribution of sera and vaccines, more careful educational work, and campaigns for protection of children and prevention of tuberculosis. There are likewise many camps and hotels over which the state should institute constant supervision.

Such improvements, it was believed, could be best assured by a comprehensive reorganization, and a bill was proposed which provided for a State Department of Health, consisting of a commissioner, a public health council, with directors of divisions, health officers and other employees.

The commissioner, a man experienced in public health administration, is to be appointed for a term of six years. Upon him rests the responsibility of administering the law relative to health and sanitation. He is to make the regulations for the consideration of the council, appoint directors, health officers and others, and perform all executive

duties previously required of the state Board of Health, and direct any officer or employee of the department to aid in the study, suppression or prevention of diseases in any part of the state.

The council is to consist of the commissioner and four other members, two of whom shall be physicians, to be appointed by the governor for four years. It meets once a month, and otherwise as the members shall determine, and their duty shall be to make and promulgate rules and regulations in furtherance of the new law, to advise the commissioner concerning the appointment of health officers and other employees, and to recommend needed health legislation to the Legislature,

There are to be such divisions in the State Department of Health as the commissioner, with approval of the council, may determine, and the commissioner, with advice of the council, may remove a director.

The commissioner is to divide the state into three or more health districts, appointing to each a health officer, who shall be a graduate of a responsible medical school or certified in public health studies by respectable institutions. These men are to spend full time in field work.

The law provides that the commissioner shall have a salary of \$4,000, the councillors shall have \$5 a day when in conference, with traveling expenses, and that the pay of directors and district officers shall not exceed \$2,500 a year.

It may seem that \$30,000 a year as carried by the new law is small for the work. If the state spent 2% of its total appropriations (a fair distribution of funds), the department would receive \$140,000. But it is to be remembered that the first sum given to the State Board of Health in 1885 was only \$3,000, and that it has never gone over \$20,000. Moreover, the last Legislature passed an additional act for the making of Wasserman tests, at a cost of \$4,000. Still another act, preceding the new Health Law, placed the care of prevention of public water pollution in the hands of the Public Utilities Commission, allowing them \$4,000 more. So that, although many feel that this duty belongs to the Health Department, it is, for the present, relieved of this financial expense.

The task of the new department is not easy, but it is to be hoped that such a type of organization as has been carried on, with satisfactory results, in other states, with freedom from politics and coöperation for increased good work, may obtain for Maine all that it has elsewhere, in decreasing preventable diseases and promoting the health of its people. Its organization on a basis free from politics, and the centralization of authority and the presence of district health officers to stimulate well meaning but oftentimes inefficient local boards of

health, together with the chance for new and profitable fields of inquiry and activity, are sure to give to the permanent residents and summer guests of Maine the best available health protection.

NO ONE MAN.

The chief complaint against the JOURNAL of the Association has generally been that no one man in Maine could carry it on successfully. To that may be added that without pay such may be the state of affairs and the additional chances against success, for at the last meeting of the Association nothing was voted to the Editor for his pains, troubles, toils and tribulations. As if that rebuff were not enough in the way of future discouragement, not a single member has ever offered to make the JOURNAL what it should be, a magazine of practical value to the Association. The greatest defect is the utter lack of case reports as occurring in the enormous practice of some of our members and in the country practice of others. Year after year the county societies meet, at meeting after meeting a very large number of valuable cases are brought forward and discussed, yet from what must be a vast material of practical information for the general practitioner hardly a single one has ever been handed in to the editor or to the management of the JOURNAL. If to the meetings of the county societies we add the very large number of others carried out by smaller societies and clubs, we see what a waste of teaching material is lost for practical medicine in Maine.

The one effective remedy for quieting complaints against the JOURNAL lies in aid, help and assistance from the members of our Association. It requires no fine art of writing or composition to make out in plain, simple, readable shape a report of the very same cases that every member of every county society or private club is supposed to mention in the course of each year. If every report of every case were, now, briefly annotated by the man bringing it forward for discussion and handed in to the management of the JOURNAL a great advance would immediately be produced and make itself felt by every member. It is not too late, even now, after seven years of the JOURNAL, to make a beginning of this sort. If, finally, members do not feel inclined to write out their cases, let them be handed in, at all events, and permission given to the management to put them into, possibly, a more readable shape.

One thing is sure, that the MAINE MEDICAL JOURNAL of today compares favorably with other purely state medical journals, and all

that is needed to put it on a par with each and all of the others is for the members of the Association to give a little help once a year in the shape of a case report, which need not be more than a single page of manuscript, though more may in time become welcome.

It is true that "no one man," without pay can carry on the JOURNAL successfully, therefore let all give each a little help.

J. A. S.

OUR ROLL OF HONOR.

Will officers of the M. R. C. please notify the Journal of orders for transfer where possible, so that we may notify their friends of location.

In addition to those names published last month we are glad to print the following :

CAPTAINS.

Desjadins, A. U., Waterville.
Murphy, J. H., Dexter.

Hall, H. W., Hallowell.
Hannigan, R. G., Bath.
Morrison, C. C., Bar Harbor.
Mullin, S. S., Bath.
Parcher, A. H., Ellsworth.
Tibbetts, R. R., Bethel.

LIEUTENANTS.

Clough, G. H., Dexter.
Ford, L. H., Brewer.
Floyd, A. E., Mapleton.

Book Reviews.

The Life of Dr. Lyman Spalding, of Portsmouth, New Hampshire, and New York City.

By his grandson, Dr. James A. Spalding, of Portland, Maine.
W. M. Leonard, Boston, Mass.

This biography is based on letters received by Dr. Lyman Spalding from the leaders of medicine in the New World and the Old between the years 1797 and 1821. The principal writers were Dr. Nathan Smith and Pres. John Wheelock, of Dartmouth College; Dr. Waterhouse, Dr. Warren, Dr. James Jackson and Dr. Cheyne Shattuck, of Boston; Dr. James Thacher, of Plymouth; Professor Silliman, of Yale College; Dr. Samuel Mitchill and Dr. Shadrach Ricketson, of New York City; Dr. Benjamin Rush, Dr. Caldwell, Dr. Horwitz, Dr. Mease, Dr. Klapp and Dr. Dorsey, of Philadelphia.

Many other letters are included from eminent physicians all over the United States and from those of international reputation, such as Dr. David Ramsay, of South Carolina, Dr. Alexander Ramsay, of Edinburgh and Fryeburg, and Dr. Usher Parsons, of the U. S. Navy. Europe offers letters from Edward Jenner, Dr. Lettsom, Anthony Todd Thompson, Sir Robert Perceval and Baron Larrey.

Some of these letters, including those from Presidents Adams and Jefferson, are reproduced in fac-simile.

The book tells of the part which Dr. Spalding took in the foundation of the Dartmouth Medical School, in the introduction of vaccination into the United States, in the foundation of the celebrated Medical School at Fairfield, New York, and finally in the origin of the U. S. Pharmacopœia. The book contains material of the highest possible value historically and is an unique portrayal of that era when American medicine was in the making.

The volume is a large octavo of 380 pages, handsomely bound with gilt top, untrimmed, with very complete index, a de luxe edition in every way. Price, postpaid, \$3.50.

A book which should be in the library of every physician who is interested in the development of medicine in America.

Its author needs no introduction to the profession of Maine, as he stands for progress and all that is good in and for our profession, a physician of high ideals, who has given and is giving liberally of his time and money for the profession which he honors.

Maine should take the lead in subscribing to the valuable work of our President.

F. Y. G.

Quaker Oats

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2260 Calories For 12 Cents

Quaker Oats is today a marvel of economy. Eggs cost nine times as much per unit of nutrition. The average mixed diet costs four or five times as much.

Yet Quaker Oats is the highest grade of oat food. It is flaked from queen oats only—just the rich, plump oats. We get but ten pounds from a bushel.

Because of this selection, Quaker Oats stands supreme in flavor. Because of that flavor, it stands first the world over.

Even at twice this price, a better oat food is impossible.



The Quaker Oats Company

Chicago

(1757)

County News and Notes.

YORK.

YORK COUNTY DAUGHTERS OF HYGIEIA.

The regular meeting of the York County Daughters of Hygieia was held in North Berwick, on October 4th, 1917.

Those present were: Mrs. J. O. McCorison, Mrs. W. E. Lightle, No. Berwick; Mrs. C. E. Thompson, Mrs. R. L. Maybury, Saco; Mrs. S. B. Marshall, Alfred; Mrs. B. F. Wentworth, Scarboro; Mrs. E. C. Cook, Mrs. F. W. Smith, York; Mrs. H. L. Prescott, Kennebunkport; Mrs. W. W. Smith, Ogunquit; Mrs. J. A. Randall, Mrs. A. L. Jones, Old Orchard.

The ladies gathered in the parlor of the North Berwick House, and here the meeting was called to order by the president, Mrs. W. W. Smith. Many matters of business were attended to, including the reading of the completed constitution and by-laws, which will be acted on at the next meeting.

After dinner the ladies were invited to the home of Mrs. W. E. Lightle, the hostess, where the meeting was again called to order by the President, Mrs. W. W. Smith. A very interesting and timely paper was given by Mrs. E. C. Cook, entitled "Our Flag."

By invitation of the physicians, the ladies joined them and listened to a very instructive lecture on "The Diagnosis of Pulmonary Tuberculosis," by Dr. Francis J. Welch, of Portland. The lecture was illustrated with X-ray plates and charts.

The ladies returned to the home of Mrs. W. E. Lightle, who served dainty refreshments. This was the concluding feature of another very pleasant gathering of the Y. C. D. H.

CORA M. JONES.

YORK COUNTY MEDICAL SOCIETY.

The ninetieth quarterly meeting of the York County Medical Society was held at the North Berwick House, Thursday, October 4th. On account of the absence of the President, Dr. Chas. E. Cook, of South Berwick, and Vice-President, Dr. C. F. Kendall, of Biddeford,

who are in the U. S. military service, Dr. L. H. Brown, of North Berwick, was elected chairman of the meeting.

Resolutions on the death of Dr. Joseph M. O'Connor were read and adopted.

Four applications for membership were presented and referred to the Board of Censors. The physicians applying for membership are Frank G. Devereux, of Kezar Falls; George W. Weeks and Samuel G. Sawyer, of Cornish, and Herma K. Tibbetts, of Limerick.

An excellent dinner was enjoyed at the North Berwick House, at one o'clock.

The afternoon session was opened at 2.30 o'clock, and Dr. Francis J. Welch, of Portland, gave an address of special interest and merit, his subject being "The Diagnosis of

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We hide flake bran in rolled wheat flakes, so that users hardly suspect it.

The result is a flavory dainty, welcome every morning.

Not so efficient as clear bran, perhaps, if people will eat clear bran. But they quit it, as you know.

Pettijohn's is something they don't quit. With Pettijohn's Flour it supplies a bran food for every meal, if wanted.

We made Pettijohn's to please our doctor friends. And thousands of other doctors have come to recommend it. It is certainly the most popular bran food made.

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Chicago

(1754)

Pulmonary Tuberculosis." Several charts and X-ray plates were shown, and they added much to the value of the discourse. A vote of thanks was given Dr. Welch.

Adjournment was at 3.30 o'clock.

The following physicians were present: F. J. Welch, Portland; J. O. McCorison, W. E. Lightle, L. H. Brown, No. Berwick; J. D. Cochrane, Saco; F. W. Smith, E. C. Cook, York Village; W. W. Smith, Ogunquit; H. L. Prescott, Kennebunkport; S. B. Marshall, Alfred; B. F. Wentworth, Scarboro; L. A. Girard, A. C. Maynard, G. C. Piccourt, Biddeford; J. A. Randall, A. L. Jones, Old Orchard.

Personal News and Notes.

Lt. Leon S. Lippincott, Brunswick, who has completed a course of laboratory work at the Rockefeller Institute, has been ordered to Camp Gordon, Atlanta, Ga., for duty in the base hospital laboratory.

Lt. Frank E. Leslie, of Andover, is now stationed in Washington, at St. Elizabeth's Hospital.

Dr. Joseph H. Murphy, of Dexter, has received from Washington a commission as captain of the M. R. C. in the U. S. Army.

Dr. George F. Merrill, of Kennebunkport, will spend the winter in Olanda, Florida.

Dr. John D. Carty, of Kittery Point, has been making a tour in the southern states during the past few weeks.

Dr. L. D. Bristol, the new superintendent of the State Department of Health, gave an interesting talk before the Waterville Chamber of Commerce, on "A New Health Program for Maine and Waterville."

One of the largest and most fashionable weddings in the history of the French speaking population of Biddeford was that of Dr. J. Raoul Larochelle and Miss Jeannette Roussin, eldest daughter of William C. Roussin, which was celebrated at 8.30 o'clock, Monday, October 8th, at St. Joseph's Church, by Monsignor Arthur A. Hamel.

Dr. Herbert W. Hall, of Hallowell, has received his commission as first lieutenant of the M. R. C. in the U. S. Army, and is now located in Boston.

THE JOURNAL

OF THE

Maine Medical Association.

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- * All papers, case reports, etc., should be typewritten when possible.
 - Proof-sheets will be sent to the author when requested.
 - Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.
- The Journal assumes no responsibility for opinions expressed by the authors.
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DECEMBER, 1917.

No. 5

*MEDICAL EDUCATIONAL METHODS.

By EDWIN W. GEHRING, M. D., F. A. C. P.

Portland, Maine.

Educators tell us that certain features were distinctively characteristic of the principles and methods of education of the nineteenth century as contrasted with those of preceding ages. Among these was the greater emphasis laid on the rights and powers of the individual. This meant the development of individual method, greater liberty in politics and economics, with the same tendency manifesting itself in educational ideals. Instead of attempting to establish types, it was the aim to develop capacities. This had been a cardinal principle from Froebel to Spencer, who regarded the unfolding of the personality as the goal of education. Whether in preparation for law or medicine or in the pursuit of knowledge at a technical school, learning the theory of trade, the new plan required more time than the old. This difference was marked.

Again we are informed that the organization of schools in which the student might learn how to achieve success was also a feature of the nineteenth century scheme. Instead of concerning themselves with the creation and maintenance of standards of thought and conduct, these later institutions prepared the student for the practical work of life. The older schools of theology, law and medicine upheld orthodox traditions and endeavored to supply an atmosphere suitable to their perpetuation. The influence of a code of ethics was considered necessary in order to uphold the dignity of one's professional calling. If

* Annual oration before Portland Medical Club, December 7, 1916.

one could be brought under this spirit and impressed with these standards of honor, legacies of past ages, it was immaterial whether one learned anything else.

But, as stated, how different was the nineteenth century ideal. The maintenance of standards gave way to the accomplishment of results. The pupil was fitted to do something, depending upon his ideals. If these were high, he sought to benefit his fellow-men; if a little lower, to gain reputation; if still lower, to make money. The pendulum had swung to the other extreme. Right had displaced duty, liberty had succeeded authority, and the pursuit of happiness had become more agreeable than self-subordination. It is well to recall in this connection, as President Hadley points out, that one may think so much of liberty as to forget the existence of duty, a point at which liberty becomes anarchy.

Is not that national humiliation, the American medical school, a good example of the displacement of duty to the community by the rights of those who grant charters indiscriminately for the organization of medical schools to self-appointed groups of persons without material facilities or mental equipment for the work? Mere numbers of such institutions would not be objectionable, except on the ground of waste due to failure to concentrate resources, were there a decently high minimum standard below which they could not exist.

What is medical education in the best sense of the term? It is the development of men, having had their minds trained by rigorous, systematic discipline in the fundamental sciences of biology, chemistry and physics, anatomy, physiology and pathology, in the art of observation, examination, formulation of diagnoses, and prescribing for disease in the concrete. The trained intellect alone can deduce reasonably correct hypotheses on the basis of observed phenomena, hence the importance and significance of the gymnasium in the German medical education scheme. Only minds capable of thinking are admitted to their schools, and the standard below which no school may descend is so high that did it prevail in America three-fourths of all our medical institutions would at once close their doors.

How essential it is to start right. The German student begins his medical career with an educated head, upon a broad, deep, solid foundation in the foregoing sciences, a knowledge of any one of which, as the Germans well know, may mean much for scientific medicine. This makes for the kind of efficiency which, when applied to militarism, commands the admiration and wonder, if not the respect, of the world.

Nor is this the only point of excellence in the German method.

All professors enjoy the dignity and honor of university connection. What is a university? Huxley designates it a "Studium Generale or School of Universal Learning," implying by his description an assemblage of strangers "from all parts in one spot." "From all parts, else how will you find professors and students for every department of knowledge; and in one spot, else how can there be any school at all?" These university men are teachers, not practitioners of medicine, who hold their positions by virtue of merit, not by the ties of consanguinity, much less upon the slender bases of friendship or political affiliation. Each man is a producer in his field and is called by one university or another solely because of performance. He holds his position just so long as he continues to produce. Inbreeding—one of the curses of our institutions—is unknown. The German school is thus alive with ideas, for it is contended, and justly, that other things being equal, he is the best teacher who is at the same time a scientific producer. A man imbued with this scientific spirit brooks no interference from outside sources. His mind is on his job, which is teaching and research. The nature of his activity is such that he creates in the mind of the student the spirit of inquiry, investigation and work. The beginner is thus saturated with ideas. The desire to learn something of value is uppermost in the mind. Students work in and out of regular hours, in and out of season, for science does not flourish upon schedules.

The defects of the German method are its adherence to the lecture as the backbone of the system, and the postponement of the student's actual contact with disease until he arrives at a hospital assistantship. These are the glaring faults in an otherwise ideal course of instruction designed to fit men to assume adequately the scientific management of disease. The treatment of Macbeth's wife may well be left to those whose success or non-success is largely a matter of words and pose.

Curiously enough, Germany's deficiency in medical teaching is the keystone of England's arch. The system of "clerking" in that country brings the student at once into immediate and profitable contact with the sick and thus fulfills all the requirements of sound clinical teaching under ideal conditions. This one superior feature of the English method is a development of hospital apprenticeship which dates from the time when English schools were essentially hospital schools. Under that preceptorial arrangement, prospective doctors apprenticed themselves to members of the hospital staff. Each staff member had from two to six young men who accompanied him on his daily visits to the wards. At first it was their duty and privilege to observe, listen and think. More recently, after two years' experience, students assumed the office of clerks to their chiefs. Today, one man is assigned to each patient.

He is expected to obtain and preserve for hospital record a complete history of his patient, including results of microscopic examination, to arrive at the probable nature of the difficulty in hand by thorough physical examination, to map out a tentative course of treatment, but he is not allowed to prescribe, all of which, please note, involves actual contact with disease. As the rounds of the ward are made, each clerk in turn, as the chief, accompanied by other clerks, stands by the bedside of his patient, reads his history, diagnosis and course of treatment. The chief questions patient and clerk, examines, verifies or disproves the findings, and a general discussion ensues, in which all engage. Obviously, through its exercise of the powers of observation and of inductive and deductive reasoning, such discipline proves to be invaluable. "Both master and student are on trial," for the results to the patient of treatment prescribed by the chief and based upon clinical findings are awaited with keenest anticipation and interest. The student learns the value or worthlessness of treatment prescribed by his chief, not at the expense of the patient's discomfort as the result of amateur prescribing. Again, in recognition of the value of clerking to the institution as well as to the clerk, hospitals accord these privileges gladly, not grudgingly.

If, as Professor Dewey asserts, "initiative lies or should lie with the learner," then Flexner truly remarks, "if training, education means not mere knowledge of but capacity to deal with situations, students' reactions must constitute the raw stuff out of which the teacher must develop orderly and effective mental processes. The learner must act before the teacher can react upon him. This criterion discredits most education." To reverse the process is to deprive the student of initiative.

But the stream cannot rise higher than its source. English teachers of medicine are practitioners; not ordinary practitioners, as we employ that term, but consultants. They, like American teachers, strive to ride two horses at once. Unlike the Germans, their university connection is only a legal one; but to the credit of England be it observed that the Royal Commission on Education "admits this capital defect and plans a complete reorganization of university education in London, realizing that such education can only be given by men actually engaged in furthering the knowledge of the subject which they pretend to teach."

The ideal teacher is not he who does the same thing over and over in machine-like fashion, who moves always and forever in the sphere of the known, who practices medicine as a vocation and essays to teach as an avocation. On the contrary, he is a producer, striving

faithfully to add something to the sum-total of human knowledge in the field of his chosen profession; one who imbues his students with the spirit of work, with the idea of doing more than is required if scientific progress is to be made. This is precisely the German spirit as everywhere manifested, without which one's teaching is routine, depressing, uninspiring, and altogether of little value.

In England, moreover, as in America, the German spur to achievement is absent. Positions, such as they are, come to those who have served their time, who are fortunate in their relationships, or who have what is popularly known as a "pull" with the powers that be. And yet the English clerking system is admirable for its purpose, inasmuch as it is at once of benefit to hospital, teacher, pupil, patient and medical science, and successfully withstands the strictest test of the worth of any educational procedure.

Comparing the American medical school with those of the Germans or English is not a pleasant task, and such criticism as is implied is made solely with the desire to be of some help in remedying a deplorable state of affairs. Suffice it to state that our institution is one of which every thoughtful, fair-minded man with red blood in his veins ought to be ashamed. It is as thoroughly bad from the humanitarian as from the educational standpoint; a hodge-podge, for which not alone the profession but the laity is to blame.

We have seen that medical education is organized in two forms, the university type and the proprietary type. The former is to be found in Germany, where the general level of education is high; the latter in Great Britain and America, where the teaching of clinical medicine in particular is regarded as a means of advertisement to the layman and of impressing students with the desirability of calling such teachers in consultation, instead of as a distinctively high-grade educational position.

Within the current year a certain professor of the principles of medicine has written, "my personal opinion with reference to medical education has been that there is need in this country of two classes of medical schools, the one modeled after the Johns Hopkins, in which the requirements can hardly be set too high, the other and larger class for the training of the practitioners of medicine." One must infer from the reading of his paper that the pre-medical education of these two kinds of physicians would differ also, and herein lies one potent objection to its adoption. In its essence it is the fallacious "poor boy" argument disguised. These comparatively poorly trained men from the lower standard schools will not necessarily settle at the cross-roads. They will go wherever a good living is to be had, and thus

come in competition with men of the Hopkins type, at which time Gresham's Law will operate as inexorably for doctors as it does for money—the bad will drive out the good.

The report of the Carnegie Foundation concerning medical education in Europe establishes beyond doubt the fact that on a university basis in Germany there are more doctors than can be supported decently. Even small towns in most unattractive districts are well supplied. On the other hand, in those outlying regions whence there are no income tax returns—tax is required to be paid on all incomes exceeding 900 marks (\$225)—physicians are scarce. The people are too poor to pay for them. No reduction of educational standard can induce doctors to attach themselves to a community so improverished that practice cannot possibly yield a livelihood. The two standard argument does not solve the problem of the back country, which must be met by state subvention and is in any case a question for statesmen.

On the contrary, the country needs a better qualified doctor than does the city, owing to the isolation which compels him to depend upon his own resources, to exercise the highest type of judgment alone. Viewed from the humanitarian standpoint, I agree with Billroth, who declared, "I hold it unrighteous in principle to give country people worse doctors than city people." German experience teaches that the highly trained physician and the quack will settle in the place providing the best subsistence.

Up to the time of the Carnegie inquiry into European educational methods it was questioned by educators whether university standards of medical education could supply physicians to meet the demand for them by posts capable of sustaining them, and whether a limited number of universities could so adjust themselves to a varying demand to meet it adequately. Here we have recourse to German statistics which may be depended upon.

Germany before the war had twenty-one universities, which served a population in 1885 of forty millions of people and in 1909 of sixty-three millions. In 1885 there were 15,000 licensed physicians for the forty million people, and in 1909, 30,000 for the sixty-three million. In other words, in a period of twenty-four years the number of physicians increased one hundred per cent., whilst the population increased but fifty. From all available statistics, then, we note that a chain of well developed universities is not only capable of sufficient expansion to meet all new conditions and modern demands, but that the lengthening of the curriculum and maintenance of a high standard of education in those comparatively few universities resulted in an actual over-production of physicians. Only two schools were some-

what unwieldily—Munich, with 2,148 medical students, and Berlin, with 1,646. Leipzig had 746, Freiburg 718, Würzburg 617, and the remaining sixteen average 332 students. It must be borne in mind that all students did not attend lectures regularly, hence the number which taxed the resources of a university was smaller than the enrollment. Congestion at one or two places is not necessarily an argument for more schools, but may indicate the need of more effective organization.

The Austrian situation was not dissimilar, although complicated by racial differences. There were five German-speaking universities, from which were graduated between 1896 and 1905 7,225 doctors. So far as the back country is concerned the problem was here as in Germany—economic and political, not educational. If the supply of doctors were proportionate to their opportunities to earn a livelihood, Austria was probably over-supplied. The foregoing figures indicate the influence of the university type of school upon the statistical aspect of medical education.

In England and Scotland a population of approximately thirty-seven million supported twenty-seven schools. In other words, with forty-six per cent. persons less than Germany they maintained twenty-nine per cent. more schools. The average annual registration for twenty-four years had been 572 or 21 apiece. This scattering of students weakened the better schools and prolonged the useless existence of a superfluous lot of inferior ones. For example, in the London schools in 1905 only 18 full students entered the Middlesex Hospital, 24 Charing Cross, 22 King's College Hospital, 13 Westminster, and 18 St. George's. One might as well expect to realize the explosive force of gunpowder by spreading it upon a table instead of placing it compactly in a gun-barrel before ignition. Meanwhile the stronger schools were not large. The entering class at the London Hospital numbered 83 full students, St. Bartholomew's 60, St. Mary's 44, and Guy's 63.

It must be clear to any intelligent and unbiased mind that one important factor in elevating the standard of medical education is concentration of resources. We are told that the London schools spent annually \$50,000 for the teaching of anatomy. Yet not till recently was a single anatomist paid over \$2,000. If one hospital staff finds it all profitable to engage in medical education, it is perfectly natural that others should enter the field as competitors; but the moment university relationship is regarded essential, all competing schools tend to consolidate.

From the foregoing it is evident there was over-crowding in Ger-

many and Austria on the high university basis, in England and Scotland on the low proprietary basis. This occurrence in all argues that high standards as such do not mean a depleted profession.

During the year 1915-1916, 14,022 students were registered in our ninety-five schools, an average of 147. New York's ten schools together numbered 2,073. From that figure attendance varied all the way down to 33 in New Hampshire, 23 in North Dakota, and 12 in South Dakota. The total enrollment from eighty-two of our medical colleges was 12,976. The average income received from each student as tuition was \$150, whereas the per capita expenditure was \$419. Therefore the cost of teaching last year was nearly three times as great as the amount paid in fees in that year. Even so, the salaries received by some professors and instructors were such as would cause a self-respecting, hustling Pullman car porter to back away from them in fervent haste. Moreover, as a general proposition, it may be assumed that the character of the instruction given was commensurate with the salary.

No, "proprietary education sacrifices the sound educational principle, resists progress along modern university lines, profits only individuals interested in private ventures, lowers the quality of the city physician, embitters and demoralizes his struggle for existence, and then still leaves society to deal with the problem of the back country."

Comparing Germany on the one hand with Great Britain and America on the other, one must admit that the high level of all German professional training is dependent in large measure upon the excellence of the general educational system of the country. Wherever the elementary and secondary school systems are weak, a low general level of professional education prevails, and the professions are crowded with those who do not uphold their ideals and who gain a livelihood at the expense of a long-suffering public.

Training for any profession is primarily an educational, secondarily a professional problem. It must be viewed from the standpoint of the teacher first, of the practitioner second. To learn how to think and observe is fundamentally an educational process whose value Americans do not yet fully appreciate. Instead of really developing the mind, the tendency has been to crowd all sorts of things into the curricula of pre-medical as well as medical schools, with the idea of turning out finished doctors. The German faculty offers more in every department than any student can possibly achieve, but its aim is so to train men that they will know how and will have the inclination to make good their deficiencies after graduation.

Next to Germany's efficient secondary school system, that which

is responsible for her high level of medical training is her recognition of the function of the clinical teacher. The Rockefeller Foundation, too, is aware of the fact that *education*, be it in engineering or medicine, *is education*, not a side issue in the life of a practitioner. During the past year their ideas have been subjected to trial at Johns Hopkins University in the departments of medicine, surgery and pediatrics, with some illuminating results. I quote from the report of the secretary for the year 1915.

"The full time plan involves the withdrawal of clinical teachers from paid private practice. In order, however, that full time clinicians might not be deprived of a useful experience simply because a patient is well-to-do, it was provided that they should feel free to see any patient at their discretion, the fees paid by such pay patients being added to the fund supporting the full time scheme. It will be observed that the full time clinician decides for himself whether or not he will attend a given case; and that, further, the hospital authorities have no interest or power in the matter, since the fee collected goes, not to the hospital, but to the medical school. It was, further, an implication of the full time plan that a very large part of the paid private practice of the prominent practitioner is of slight value to either science or education. Thus far experience appears to justify fully this theory. It cost \$110,000 to maintain the full time departments of medicine, surgery and pediatrics in the Johns Hopkins Medical School last year. The fees collected from pay patients attended by men on the full time staff during the same period were slightly in excess of \$10,000. These figures make two things plain: first, the clinical teacher, freed from the necessity of earning fees, finds little that is scientifically or educationally valuable in private practice; second, the hospital is in no position to exploit for its benefit any member of the full time staff. In other words, the full time organization requires a liberal endowment and contributes next to nothing to its own support. It is meant, not to work men in order to earn money, but to protect them against having to earn money, whether for themselves, the hospital, or the medical school."

It should be stated that the medical department of the Washington University at St. Louis has adopted the full time plan, and more recently, by the abolishment of Rush College, the medical school in Chicago University, with an endowment of \$11,000,000, will be equipped with every modern facility for medical instruction. It will be organized upon the most advanced principles, including the full time scheme, and it will for the first time in this country provide not only a

full undergraduate medical course but a post-graduate school for those seeking more advanced instruction.

Another responsibility to medical education arises out of the control of hospitals by lay boards. It is right that they should do nothing for proprietary schools; it is proper that the trustees should look askance at the many feeble medical enterprises in this country whose promoters pretend to be making great sacrifices for the public good—hypocritical pretense—but it is time that hospital governing boards should have outgrown the idea that hospitals are only intended to help the man who happens at the time to be ill. This was true a century ago, but now, having due regard for the patient's rights and comfort, he must be utilized "to resolve the problem of disease." Thus the hospital's scope is widened, since its duty is to *medical service* quite as imperatively as to the community in which it happens to be located. The staff of such an institution, if it is used for teaching, ought to be chosen by a university on the basis of ability to teach and investigate, not by a lay board for other reasons. Having this wider conception of its duties, hospital trustees cannot grant privileges to proprietary institutions without fostering the worst medical régime to be found in any country. Trained American doctors experience no difficulty in attaching themselves to hospital staffs in Germany. Not so in America. Our staffs retain for themselves all the opportunities the hospitals afford. If they happen to be too busy with practice or not interested in science, material is wasted. Such selfishness and waste could be eliminated by hospital boards if they would insist in the interest of humanity that hospitals do not exist for the benefit of the visiting staff.

In conclusion, if the level of medical education in America is to be raised, it must come about through an awakening on the part of the layman to his big responsibility for the betterment of the profession. He ought to be sufficiently interested in his own health to ascertain the qualifications as to education and experience of him whom he thinks of employing. Instead, he gives less thought to the choice of his doctor than to the selection of his chauffeur. He ought to secure the enactment as well as the enforcement of law, prescribing a high minimum of general education for all prospective practitioners, a step which would close inferior schools and eliminate as effectually as any one thing could, the intra- and extra-professional charlatan, the sectarian who is now admitted to practice on easier terms, and the quack whose vices many regular practitioners, under the prevailing law, find no difficulty in emulating. It is he and he alone who can demand and secure for America an educational scheme in medicine which shall combine the so-called "productive ideal" of the Germans with the "clinical clerkship" of the English.

Finally, American medical teaching, to be put on a proper basis, must receive financial support on a scale hitherto almost unknown.

All this because, as Henry Ward Beecher once remarked, "nobody wants a pretty good egg."

310 Y. M. C. A. Building.

***WAR WORK OF AMERICAN MEDICAL WOMEN.**

By ELIZA M. MOSHER, M. D., Brooklyn, N. Y.

The second annual meeting of the Medical Women's National Association, Dr. Bertha Van Hoosen, of Chicago, President, was held in New York City, June, 1917. In view of the pressing need of physicians and surgeons in the war zone and in the devastated districts of Europe, a War Service Committee was appointed by the association to deal with the situation. This body created an Executive Committee with defined powers, of which Dr. Rosalie Slaughter Morton was unanimously elected chairman. Dr. Morton's selection for this post was a wise one. The Serbian Government had bestowed upon her a decoration for her service in that country. In France special privileges had been given her to inspect and study the French hospitals, and after returning home from foreign duty she has still kept in close touch with the work.

Mr. Leo Schlesinger, of New York City, placed at the disposal of the committee a suite of rooms in his office building, 637 Madison Avenue, admirably suited to its purpose, and there early in June the committee was installed and intensive work began. Before the committee had completed its organization, Dr. Franklin Martin, chairman of the General Medical Board of Washington, asked for an outline of its plan of work. This outline, which Dr. Morton presented in person, received the unanimous approval of the Board, and Dr. Morton was appointed a member of it and chairman of a committee of nine women physicians from different parts of the country, who were selected from a list of twelve submitted to Dr. Martin.

This Committee of Women Physicians of the General Medical Board may be regarded in the light of a congressional committee, its

*A résumé of the first quarterly report of the chairman of the Women's Hospitals Committee to the Medical Women's National Association.

constituency being the women physicians of the United States. If the latter wish to have force and efficiency, organization is necessary. This committee of nine members is not permitted to increase the membership of the General Medical Board; obviously, therefore, it could not encompass the extensive work now going forward under the American Women's Hospitals, which it is hoped the general coöperation of women throughout the country will make even more extensive and thorough, and consequently of more value to the General Board. We are now in a position to supply the data necessary to supplement that on the cards sent out from Washington and on file there.

Copies of the outline prepared for the General Medical Board were laid before Col. J. R. Kean, Director of the Department of Military Relief of the American Red Cross, and the Surgeon General of the Army, General Gorgas. They both expressed the greatest interest in and approval of the work. General Gorgas said that if the war continued for any length of time the services of every woman doctor in the country would doubtless eventually be needed. To anticipate this need, the plan of work, with registration blanks, was mailed to 5,000 medical women, asking them to enroll. On October 6th, at the time the first quarterly report of the American Women's Hospitals was issued, 115 Women had registered as follows: 1, women's units, 150; 2, women's units to allies' armies, 110; 3, service in established units, 103; 4, maternity units to devastated regions, 84; 5, village practice, 25; 6, for service in any of the above five, without choice, 110. The registration blanks are still coming in and it is hoped that every woman physician in the country will record herself as being willing to serve her country in its hour of need.

In September the Red Cross asked for two units of women doctors to go immediately to Roumania. Their departure has been delayed for diplomatic reasons, incident to the situation in Russia. There are also in readiness forty doctors, who may be called within the next thirty days, and units have been arranged which can be mobilized within a few hours.

The women doctors present an attractive appearance in their uniforms, which were planned by Dr. Morton at the request of the Red Cross. The lines of the Red Cross uniform for men are followed, and the uniform is both smart and attractive.

The American Women's Hospitals' flag and proper insignia, designed by Miss Brenda Putnam, a niece of that brilliant pioneer among women physicians, the late Mary Putnam Jacobi, has been adopted. The flag is blue and white; the drooping wings, the symbols of the American Women's Hospitals, are grouped around a shield bearing

the name "American Women's Hospitals." The pins of bronze are sheltering wings, denoting protection and comfort, with the emblem of the various branches of the service placed upon them.

Open meetings of the American Women's Hospitals were held every Thursday afternoon throughout the past summer and will be continued indefinitely. These meetings, presided over by Dr. Morton, or in her absence by Dr. Emily Dunning Barringer, the vice-chairman, have been of great interest, not only to the members of the organization, but to the general public. Inspiring speeches by friends of the organization, and officers, doctors and nurses returned from the front have been a feature of these meetings. One of the most interesting of these was the address made by M. Liebert, the French Consul-General at New York.

An important branch of the American Women's Hospitals is that of the A. V. A. (American Volunteer Aid). This body was formed after the British V. A. D. (Volunteer Aid Department) and is in a thriving condition. Those wishing to join are given forms on which must be entered all data concerning non-medical women who wish to be laboratory assistants, ambulance drivers, stretcher-bearers, interpreters, dieticians, clerks, etc. A number will be needed in the units already in readiness. These lay assistants have a distinctive uniform for both identification and protection.

The Surgeon-General of the Army has expressed his willingness to place in base hospitals, as contract-surgeons, women physicians as anesthetists, radiographers and laboratory workers at a salary to be arranged by contract, and not to exceed \$1,800 per year. The need for laboratory workers is so great that the American Women's Hospitals have opened courses in this branch at the Women's Medical College of Pennsylvania, Women's Hospital, New York, and at the Research Laboratories of the New York City Board of Health. In them courses will be given to college women who have already studied chemistry and biology, in order to fit them, at a nominal expense, to become laboratory technicians, and to assist our physicians. Any physician connected with laboratories which offer such courses in the different parts of the United States and women wishing to apply for this training are requested to take up the matter immediately with the national chairman of laboratory work, Dr. Martha Wollstein, No. 1 West 81st Street, New York City.

The chairman of the Committee on Army Hospitals in the Home Zone, both for acute and convalescent cases, is Dr. Mary Almira Smith, 33 Newbury Street, Boston, Mass. The American Women's Hospitals have in Boston two hospitals in readiness for convalescent cases and

several others near New York. Its Women's Army General Hospital of New York, which has recorded its personnel and equipment in the War Department at Washington, has been told by Surgeon-General Gorgas, that it will be notified when this is needed, and that it has the same status as all other army hospitals in the home zone.

The Women's Committee of the General Medical Board has had two meetings, July 29th and September 29th. A registration card was sent to the women physicians of the United States with a view to ascertaining how many would be willing to serve in base hospitals as contract-surgeons, radiographers, laboratory workers and dressers of wounds. These cards are now being filed in Washington for reference in case need arises to place women in base hospitals to release men for field hospital service.

The following are the regulations regarding contract practice:

1. Contract-surgeons do not receive pensions except by special act of Congress.
2. The government pays for transportation, quarters, heat and light, the same as furnished the first lieutenants.
3. There is no additional pay for foreign service; the contract specifies where the service is to be, and the amount to be received for this special service.
4. \$1,800 a year is the maximum, the minimum being whatever agreed to for the particular service to be rendered.
5. The amount is regulated by agreement; the surgeon states his price and the government accepts or rejects, or vice versa.
6. The immediate superiors are commissioned officers of whatever rank in command at the station where the contract-surgeon serves, even although they be only first lieutenants.

The Surgeon-General's office expressed an interest in knowing how many women wished to become members of the Army Reserve Corps, and a letter was sent by the General Medical Board Committee of Women Physicians to the presidents of medical women's organizations asking an expression of preference for this service, but comparatively few made their offer of war service absolutely contingent upon their becoming *officers* in the Army Reserve Corps.

It is the intention of the Medical Women's National Association to continue the work of this War Service Committee until the end of the war if the need for it continues to exist.

Necrology.

SAMUEL JOSEPH BASSFORD.

Biddeford and Portland. 1848-1917.

The longer you live the more curious life turns out to be, for you meet a friend on the street one day, and on the next you hear that you are never to see him again as you continue daily in your own paths of labor. So it was with Dr. Bassford, for he was apparently as well as ever, yet he died on the same day of an operation, Friday, March 16, 1917, and I am left behind to say a few kind words concerning his works in this world of ours.

Born in Waterville, Conn., November 26, 1848, he obtained nothing more for advancement than a common school education, and was still a man of labor in East Toledo, Ohio, in 1873, when he determined to obtain a better education than he had enjoyed before. For that purpose he enrolled his name in the preparatory department of Oberlin College, and studied there the better part of two years, teaching in Connecticut during his vacations. Finding, in 1875, that he could afford no more time to study, he engaged as traveling agent for a series of European lectures illustrated with stereopticon pictures, gradually drifted to the Eastward, and in 1879 began the study of medicine at the Medical School of Maine, where he obtained his degree in 1881.

Soon after this he married Miss Susan Emerson, of Yarmouth, settled for practice in Biddeford, and remained in that city actively employed until 1902, when hard work, driving about, began to pall upon him, and he opened an office in Portland, continuing also a part of his practice in Biddeford as before. In 1904, he left Biddeford wholly, and practiced solely in Portland for the rest of his life, specializing, if in any branch, in electro-therapeutics, in which he had great faith as a means of curing disease and as a most promising branch of lucrative medical practice.

Dr. Bassford had always been religiously inclined from youth. He was fond of pious literature, of studying the Bible, of leading people in prayer, so that, on arriving in Portland, he found a wide field for his religious emanations in the fellowship of the congregation of Williston Church, in the western part of the city, and amongst whose people he soon became highly esteemed and revered. Beyond this, moreover, he spent a great deal of time in connection with the work of the Portland Young Men's Christian Association, and gave

largely of his business ability and eloquence to promoting its many good causes. In those two public activities, the Williston Church and the Young Men's Christian Association, he will long be remembered and esteemed.

Personally, he was a man who was very much liked, with his pleasing countenance, his agreeable ways, and his abundant choice of language, either in daily friendly meetings and acquaintance, or in the open discussions of the medical societies to which he belonged, and to which he contributed his share of the work for the progress of medicine.

J. A. S.

JOHN EDWIN WALKER.

Thomaston, 1858-1916.

Dr. J. Edwin Walker, as he liked to call himself in his later years, had been in the autumn of 1916 in his usual health—a little diabetic, but steadily on the mend, and was looking forward to years of active practice, when not long before his death he met with two accidents which very rapidly terminated his career. The first one was when a restive horse shied and dragged him quite a distance on the ground; the other was more serious, for as Dr. Walker was stepping into his carriage the horse shied again, a tire wounded one of Dr. Walker's legs, an abscess formed, septic pneumonia developed, and death ensued November 22, 1916. He recognized his danger at the moment of the second injury, and said, "If it had not been for that, I should have been able to work a long time yet, but this time I have been mortally wounded."

John Edwin Walker, the son of Dr. John Bayley and Ruth Rust Walker, was born in Union, Me., February 23, 1858, and in due course of events attended Kent's Hill Academy, Hallowell Classical Institute and Bowdoin College, where he received his academic degree in 1881, and was made a Doctor of Medicine in 1884. Some years before that his father had settled in Thomaston for practice, and after graduating, his son settled alongside the father and gave a helping hand toward the close of the well-known famous career in Knox and Lincoln of his celebrated father.

As the poet might have said of their devoted friendship:

"Famous the father, filial the son;
Both of them Walkers, of Thomaston."

Dr. Walker, Senior, died in 1888, and his son carried on successfully, and with satisfaction to all, for over thirty years the extensive

family and consulting practice built up by his father. He was also physician to the State Prison at Thomaston for twenty-five years, during which time he met with many adventures amongst the prisoners in the way of injuries and malingering.

Soon after settling in Thomaston, Dr. Walker married Miss Josephine Elizabeth Percy, of Phippsburg, who with him offered to their many friends most genuine and abundant hospitality in their delightful home, and who survives him.

Dr. Walker was interested in the latter part of his life in the chartering of the Knox Hospital, and helped it in every way. He kept posted in medical literature, read the current magazines, and did his share of work for the public health. He read papers on "Tuberculosis," on "Polio-meyelitis," then ravaging our country, and owned up to a hobby of "Diet in Disease," maintaining that food was as much a part of medical practice as medicine itself. He had an extensive practice, was made much of for his diagnosis of obscure diseases, and cheered his patients with his kindly presence. The great characteristic of the man was his pleasant manner. He was always ready with a bright, hearty welcome to the physician intruding upon him unexpectedly; no matter how busy he was, he set everything aside, and wanted the news from the outside medical and personal world. In consultations he met you with a breezy, happy cordiality, told you briefly what he thought and believed he knew of the case, handed it over to you, listened to what you had to say, noted in writing precisely the advice which was offered, and was glad that you had come to his assistance and that of the patient. More than that, he was one of those rare physicians who took the trouble to write again to the consultant to inform him what the results of his advice had been. He was all, in all, a man of prepossessing personality and will long be missed.

J. A. S.

GUSTAVUS CLARK KILGORE.

Belfast, 1850-1917.

Some physicians make money in the way of medical and surgical practice, and others make it, occasionally, by gradually becoming men of successful business affairs. Of the latter instance our late associate from Belfast was a shining and brilliant example.

He was born in Smithfield, Me., March 9, 1850, the son of Samuel and Lydia Hinckley Kilgore. The father, who was a simple but skillful wheelwright, insisted on giving his son the best education that

he could afford, and the boy was so brilliant a scholar that at the age of merely eighteen he was elected to the charge of Oak Grove Seminary at North Vassalboro, where he soon had one hundred pupils under his care. From there he was advanced to be the principal of academics at Freedom and China, and to the high school at Albion. During these several years he saved enough money for a medical education and obtained his degree at the Medical Department of the University of Vermont, being second in the class graduating in 1880, and carrying off the gold medal for the best anatomical preparation and proficiency. He settled at once in Belfast, remained there in practice for the rest of his life, after five years established alongside his medical practice a much needed drug business, and took into partnership in medicine and in business a friend, Dr. Edmund Wilson, a graduate likewise of the University of Vermont Medical School, and at one time an instructor in that institution.

Whilst thus busy with general practice, Dr. Kilgore could not help seeing a chance to make a reasonable fortune from medicine itself, invented and copyrighted a medicine known as Dana's Sarsaparilla, and carried it on so energetically and brought it so successfully before the public that the shares in the company paid 120 per cent. of dividends in two years, and were ultimately merged into a larger corporation, at a value on the original shares of \$1,200 each. Although the sums involved in this interchange of values were not what might be strictly entitled high finance, yet Dr. Kilgore became a favorite of fortune, and had no need to consider, for the rest of his life, any other topic than how to hold on to what he had gained. But, in addition to that, Dr. Kilgore was no mean man with his fortune, and helped many young people to good education and advances in business and farming with his well-earned money. Gratitude to him for his good works in that direction will long be remembered in Belfast and its vicinity.

He was a good steady-working physician, understood how to deal with the mentality of the weak and suffering, acted as City and County Physician for many years, did a great deal toward the foundation, support and beneficial work of the Waldo County Hospital, and, although busy in many outside paths, kept medical practice steadily in view. He went at one time rather deep into politics, was one of the Executive Council of Governor Plaisted, and looked out for the Democratic politics in Waldo County.

During the last year of his life he suffered from Bright's disease, but kept to his work. He saw patients even on the evening before his death, went home at night, on the next morning was found unconscious, and died the same day, March 29, 1917, a few days over his 67th year of life. He is survived by a widow, who was Miss Abbie Otis, of Belfast, and will long be remembered for the good use he made of his suddenly and deservedly earned wealth, as well as for his prominence in medicine.

J. A. S.

Automobiles and Automobile Supplies

Dear Doctor :—

Almost every physician owns one or more automobiles. Probably there are as many automobiles owned by the members of this State Medical Association as there are physicians connected with it. It is estimated on the authority of physicians who own cars, that they use on an average, five tires each year; they buy oil and other automobile supplies in the same proportion. As physicians employ automobiles daily in their practice, they use more automobile accessories and supplies than owners who drive their cars for pleasure. In fact, no class of professional men use automobiles, auto supplies and accessories in as large a ratio as do physicians.

A SPECIAL AUTOMOBILE ISSUE

For these reasons we have arranged to make the December issue a special Automobile and Automobile Supply Number. This page announcement is written to call your attention to such advertisements.

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THE DIRECT MOTOR APPAREL COMPANY

JOURNAL OF MAINE MEDICAL ASSOCIATION

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Editorial Comment.

SHALL THE MAINE MEDICAL ASSOCIATION MEET IN JUNE, 1918?

TO THE MEMBERS OF THE ASSOCIATION:

Although from the letter of the Program Committee it would seem that they were justified in declaring that it is useless, at present, to prepare a program for 1918, there is much to be said from another point of view.

One of the chief arguments brought against the publication of this JOURNAL has been that it did not represent the medical talent of Maine. Of the existence of such talent amongst the 650 members still at home there can be no doubt, and here is the chance for it to rally together for the program for 1918, regardless of the greater attraction of a galaxy of medical stars from other States.

A meeting of the House of Delegates, as proposed by the committee, with no votes behind it, is hardly worth holding, for there are problems facing us that cannot be solved by a few men, but need the collective voice of the Association. We are at war with the mightiest military power which the world has ever known, and, as an organization of physicians, we may be called upon at any time to furnish additional men for the care of our soldiers, or for assistance at our very doors. For that one reason, cohesion of our members is imperative. Moreover, the legislature meets in 1919, and it is useless to send our Legislative Committee to Augusta without obtaining for their support the advice of the Association, concerning Health Insurance, for one important medical item. So, too, the attention of the nation has

been called to the discovery amongst our soldiers of a large number of defects in sight, hearing, equilibrium, bodily posture and preventable ailments, so that the need of a law for compulsory appointment of school physicians, to ward off such dangers in the future, is urgent. In a word, the Legislative Committee should be backed up for 1919 by a vote of a larger number of members in 1918 than is afforded by that composing the House of Delegates. Finally, Medical Defense against mal-practice suits is an ideal, meeting with favor in twenty-six other States, and this topic needs careful discussion prior to 1919.

As President, I intend to do my duty in preparing the annual address; as necrologist I shall not fail to write a few kind words concerning any who may die, and as a mere member I want to show you, in company with some younger oculist, some slides on the care of the eyes in infancy, in the schools, and in the workshops. As a member, again, I want to speak with no uncertain voice on the absolute necessity of compulsory school physicians in every settlement in Maine, and of the improvement of the absurd laws upon our statute books concerning this crying necessity for the benefit of the health of our school children, as a future state and national asset.

It is not in a spirit of egotism that I offer you these ideas, but it is my duty as your President to be your leader until my successor in office is chosen. Until that day I am at your daily service, and I suggest these four items as a nucleus for the rallying point of home talent to build up a program for a meeting in June, 1918. I hope, therefore, that our Program Committee will at once reconsider their determination; that they will fill up their ranks whenever depleted by enrollment for the war; and that then, by searching through the various counties of the State, they will do their best to get together a one-day home talent program that shall be worthy of the palmiest days of the Maine Medical Association, even without a banquet or an after-dinner speaker.

JAMES A. SPALDING,

President.

December, 1917.

PENOBSCOT COUNTY ENROLLMENT.

We commend to the careful consideration of all of the remaining County Secretaries in the State, the model secretarial report from Penobscot County printed elsewhere in the current issue of the JOURNAL, for it not only gives a good, thorough and precise account of the paper, discussions, and occurrences at the November meeting, but it contains, as every one will see, a much desired and very useful yet compact notice of the physicians enrolled in the county up to the date

of the last meeting in November, 1917. Reports of this sort have great value to the history of the county society and to that of the county itself, for they go to show the names and residences of those who have gone forth in behalf of the nation, and they are of great assistance to the editors of the JOURNAL in keeping track of those who belong on our Roll of Honor. Let us look and hope for many others of this same sort from our other capable County Secretaries, as meetings, or other occasions, may serve. Every physician wants to know the names of those who have enrolled, to keep track of where each one may be, and of what he is doing, and all of us will look forward eagerly for news from those at the front. Meanwhile, we regret that so few of our members who are still at the training camps have sent us any account of just where the training comes in, and what it has taught them each and individually. Other journals do not hesitate to print letters from physicians in various encampments, so that mere diffidence should no longer prevent us from having some actual news from Maine physicians now in training.

THE HIGH COST OF DRUGS.

Immediately after the outbreak of the war which now surrounds us, speculators in drugs began their work for money making, braving the ordinary dangers of ocean travel and the increased terrors of the submarine in their infernal efforts to get control of supplies of any sorts of drugs abroad. The result of their machinations is seen chiefly in the increased prices which the sick and maimed have to pay for all articles connected with military surgery or ordinary run of sickness. To this machination is to be added in the increased cost, the rise in prices of freight, the difficulties of obtaining men to man the ships, the commandeering of men to gather in the crops, high insurance on freights due to the submarine dangers, and so on to the end of human imagination for any and every cause to make money, and yet more money, than the earners can spend. No matter who suffers, these speculators do not care. Everybody else would do the same thing if they had the chance, or knew how, is their reply to complainers of high prices.

So, too, the prices of all drugs that were patented arose by jumps, and those who, for instance, could early buy antipyrine of \$1,000 worth could now get \$19,000 for their goods. It is also thus with atropine and its derivatives, which have gone from a few dollars an ounce to over \$75, with the result that practitioners in eye diseases are at their wits' end how to dilate the pupils of their patients afflicted with iritis. When complaint is made concerning atropine, the answer is, that bella-

donna is easy to raise but the best comes from England only, and we have had no dry leaves from these since the war. To this it might be said that belladonna is indigenous to our country, and plentiful enough in certain localities, not so far even from Maine. Myrrh is abundant in its native country, Arabia. A few thousand tons alone are needed, and thirty times the amount that we need goes to waste, yet up goes the price because there is fighting in Arabia. Nux vomica is produced in far distant lands. It is abundant there, but the high freight rates raise the price of that drug and of all its products. Castor oil can be produced at home, but it is not produced, because it costs more than elsewhere, and when we need the oil its price has risen highly.

Permanganate of potash, acetanilid, salicylate of sodium and carbolic acid, for which there was no need of increased prices, went up like other drugs, hard to deliver in the open market, and to this list we may add scopolamine, hyoscyamus, opium in various forms, and even gum tragacanth, so that even the druggist does not use it to-day for pasting on his bottle labels.

Amongst the amusing items of the rise in prices of drugs may be noted that of santonin, which is not often called for except in cases needing a vermifuge, and of resorcin, which seems to have no use at all except to the imagination of the bald-headed man, who carefully rubs it in over his bald spots even if it does sell at many a dollar an ounce. Owing to this rise in value we owe the proportionately high increase in hair tonics of various makes.

Thus in drugs, as in all forms of merchandise, wearable or edible, we see the same human greed, the same ineradicable desire to make money out of somebody else, but the time comes at last when the worm turns and bites his own originator.

VERTIGO.

After careful reading of a large number of papers presented to the Ear Section of the last meeting of the American Medical Society, it may be inferred that vertigo depends on many causes, the chief of which are: acute inflammation or injury of the labyrinth; emboli lodged in the labyrinth in cussion workers; syphilis and neuritis of the eighth pair from excesses in alcohol or tobacco, or excessive doses of quinine; infectious fevers; tonsillitis and defective teeth; articular rheumatism, and, very rarely, as a sequel to chronic middle ear suppuration.

This long list of apparent causes, which might be enlarged considerably by adding rarer causes, shows that a careful study in diagnosis by exclusion is indispensable in every case of vertigo.

All of the papers on this topic presented to the section laid special

emphasis on the careful and exhaustive utilization of modern labyrinthine tests as a preliminary to any diagnosis with a view to treatment. Just as we rely on urinalysis for discovery of kidney disease and on the blood tests in supposed syphilis, so we must rely on the revolving chair tests in every case of vertigo, because they are fixed and certain tests, whilst cerebellar tests are fluctuating and doubtful.

GOOD HEALTH IN OUR TRAINING CAMPS.

After a tour of inspection to several army cantonments, regular army establishments, and aviation camps, the governmental inspector from the surgeon-general's office now reports that he has found very little illness. He emphasizes the fact, which many people forget and exaggerate, that in the army a man is classified as "sick" even if he is excused from daily duty, day by day, for the slightest indisposition. A mere headache or attack of indigestion, for example, will make a man on the sick list, from which he may emerge perfectly healthy in the next few hours. Whilst on the list he is added to the reported "sick" for the past twenty-four hours. The percentage of such sick soldiers throughout the nation now varies from less than one per cent. in some cantonments to slightly above two per cent., except in one single camp, where, owing to an epidemic of measles, the percentage is higher temporarily, but daily decreasing.

The only serious disease in any of the camps was pneumonia, and the result of the latest treatment of this disease in one camp was this: forty-three cases out of about twenty thousand men, say a percentage of less than a half per cent., and of these forty-three there was a mortality of three, being about seven per cent. of all cases, whilst in the tabulated lists from civil life throughout the country the death average is between fifteen and twenty per cent. This goes to show that our soldiers are well cared for, that prevention acts, and that when in spite of the most skilled attempts at prevention disease ensues, the percentage of cures is exceedingly high.

Finally, we are very glad to add that the sanitary conditions at all of the camps was found to be universally of the highest standard.

Nothing is said in these reports concerning the presence of venereal diseases, which, if such cases had prevailed, should most surely be reported for the purpose of spreading facts against the innumerable rumors now before the public that the health of our soldiers is direly imperiled by the presence of women in multitudes about the camps.

We are also glad to find that many of the soldiers are being immuned to cold, by gradual subtraction of clothing at times during the

day. It is hard, but in war all soldiers must become accustomed to cold.

The "Hog Table," too, is an excellent idea: many men insist on a second helping, and, their appetites giving out, the food is not thrown away, but kept for the same men themselves and warmed over at the next meal until they have eaten all that they ordered. This goes for conservation of food and conservation of appetite, for, as is well known, too many of us eat too much food.

OUR MEDICAL MEN ABROAD.

It is pleasing indeed to know that the very large number of three thousand and more medical officers and nurses are now attending the wounded abroad and learning the latest aspects of military surgery. That is indeed an army to be proud of all must say. Whether Maine has many in the immortal three thousand we cannot assert at present, but that they are doing their share in learning for the future now at home and that they will soon be doing their good work abroad we well know, and understand how they must be longing to take their part in that for which they left all and volunteered. All of our men, wherever assigned, wear the uniform of this nation and as such are studied, considered, and valued by their great ability already shown in many emergencies. We look for them to continue the work to the times of peace; their experience will be something for those who stay at home to envy in the end. Such groups of men abroad testify to the high standing of the profession at home.

UNIVERSAL MILITARY TRAINING.

We are glad to note that at the last meeting of the Clinical Congress of Surgeons of North America, held at Chicago, October 25th, it was unanimously voted that the members then and there present should urge upon the next Congress of the United States the passage of a law for universal military training, and that the present cantonments now used by the national army should be utilized for such a purpose in the summer of 1918. It was felt by all the members, and vigorously asserted, that such form of training would furnish the nation with needed defense, strengthen the manhood of the country and produce greater mental poise and good citizenship. Finally, it was a generally expressed opinion that it would increase discipline, develop physical strength, and ultimately produce better workers in the ranks of peace. With all such sentiments every physician will most cordially agree, for too long have we done nothing to make ready for the spirit of the times, which is for force to answer force.

We have furthermore to add that the State Committees of the Medical Section of the Council for National Defense have gone farther still, and recommended six months' careful training of all young men in their nineteenth year, and to urge constant physical training in the public schools.

WARNING AGAINST A MEDICINE FRAUD.

Imposters passing themselves off as governmental employees are trying to sell "rheumatic" and other "cures," as being compounded by the government. Letters from the West mention such falsehoods under the name of the "United States Medical Dispensary," or Dr. Henry Post, of Washington. The packages guarantee a cure or refund, but no address is given of the refunders. No such concern or physician has been found so far in Washington. The label has a number, and states that the product is guaranteed by Dr. Post. The number given is that belonging to another concern which has never made that product, and has no connection with Dr. Post or a Dr. George Lawrence, who, according to a correspondent, represented himself as agent of Dr. Post and a government employee.

Inasmuch as inspectors have failed to discover any shipments which would bring such products under the Food and Drug Act, they believe that the agents carry them personally to avoid detection. The department now brings the matter to the attention of state and city food and drug officials, with a view of securing their assistance in discovering and preventing such fraudulent practices.

Correspondence.

MEETING OF PROGRAM COMMITTEE.

HOULTON, ME., November 7, 1917.

DR. JAMES A. SPALDING,
Portland, Maine.

Dear Dr. Spalding:—A meeting of the program committee for the 1918 session of the Maine Medical Association was held in Portland, November 6, 1917. As a result of that meeting the committee wishes to tender you their opinion and the reasons for reaching the same.

It was our purpose, as you have previously been informed, to have three symposiums on medical and surgical subjects of live interest. To carry out such a program meant that the papers and discussions would have to be prepared long before the meeting, for in work of such a nature it is obvious that papers compiled from the literature would not be acceptable. What was wanted, and expected, was the setting forth of the experiences of the various men who had been selected by the committee. It is our opinion that it is impossible to carry out this idea for reasons that are beyond our power to influence. Many of the men are in line for military service—one of your committee is now awaiting his orders—many others will certainly go if the needs of the nation require them. To ask men to definitely place themselves on record as agreeing to furnish a part of the program is not only asking them to do something that is impossible, but manifestly unfair. Time does not and can not warrant anybody to so commit himself. To accept a man tentatively is also, to our mind, an error, for if he finds that he will be unable to appear, it may be at so late a date that it would be impossible to obtain someone to take his place. To attempt this would be unfair to the man asked to step into the breach, for he would not have the time to do the work.

It has been our custom to have an annual dinner with a speaker. In ordinary times the practice is without doubt a pleasant and profitable one. With the nation needing every bit of her food supplies, we think for this Association to have our usual banquet is inconsistent, to say the least, for it means a sinful waste of food and money. Let us look at the true situation, not as we would like to have it, but as it is, and try and act in accordance with the needed sacrifice of the times. We, therefore, respectfully advise you that it is the opinion of your program committee that the scientific and social part of the program be omitted for the year 1918, that the House of Delegates meet and transact such business as would properly come before it, and we request that this statement be made a part and parcel of the records of the Maine Medical Association. Of course it goes without saying that if conditions that now obtain are materially changed within a time

that would enable us to prepare a program worthy of the dignity of the Association and the time and attention of the members, we will do the work assigned to us.

Very truly yours,

F. H. JACKSON,

T. O. VANAMEE,

E. W. GEHRING,

*Committee on Program,
Maine Medical Association.*

Military Notes.

PENOBSCOT COUNTY.

From a membership of eighty-eight, the County Association has commissioned twenty members, or nearly a fourth of the whole organization, into the military service. In addition to these, two other members have applied for commissions, but have been rejected for physical reasons.

Following is the Roll of Honor:

Major W. C. Peters, Bangor, is stationed at Camp Devens as orthopedic surgeon.

Major C. S. Bryant, Millinocket, recently promoted from Captain at Fort Benjamin Harrison, has charge of a field hospital at Fort Oglethorp, Georgia.

Capt. John B. Thompson, Bangor, has recently returned to Fort Benjamin Harrison from a seven-day leave of absence and is now on his way to Fort Oglethorp with a field hospital. They will make the trip to Georgia overland with their motors and equipment. Dr. Thompson has recently been summoned before the examining board for advancement in rank.

Capt. Lester Adams, Bangor, is at present home on a leave of absence from Fort Benjamin Harrison, under orders to proceed the last of the month to Panama to join an ambulance company.

Captains H. M. Chapman, H. H. Crane, W. E. Whitney, L. M. Howes, Bangor; C. M. Thomas, Brewer, and J. H. Murphy, Dexter; have received their commissions and are waiting their orders.

*Lieuts. Herbert Scribner, Bangor, and C. S. Scanman, of Millinocket, are in training at Allentown, Pa.

Lieut. Allen Woodcock, Bangor, has been transferred from Allentown to Little Rock, Ark., for duty.

Lieut. L. H. Ford, Brewer, is with the army in France. A recent letter states that he has charge, with ten assistants, of an infirmary caring for 1500 men.

Lieut. H. D. McNeil, Bangor, is an assistant surgeon in a hospital in England.

Lieut. Harrison J. Hunt, Bangor, surgeon of the McMillan Arctic Expedition, has joined the Third Maine Regiment and is examining recruits in Bangor.

Lieut. L. M. Pastor has closed his office in Bangor and has gone to New York, where he is waiting orders.

Lieut. H. K. Richardson, Bradford, has been in training at Fort Benjamin Harrison. He has now been made adjutant to a base hospital at Des Moines, Iowa.

Lieut. H. W. Johnson, Wytovitlock, is at home waiting orders.

Applied for commissions but rejected for physical reasons, Drs. J. F. Starrett and G. B. Caulfield.

Foreign Notes.

From Lancet, September, 1917.

TRENCH FEVER.

"Is this due to the actual presence of a new haemogragarine or not?" is a question vehemently debated nowadays in foreign journals. As usual, those who have never yet discovered the haemogragarine in the human blood deny its existence, whilst those who can offer microscopic pictures of the invader are sure that they have discovered the new parasite in human blood and the actual cause of trench fever, so disquieting to the army's medical officers of to-day. The actual breeding ground of this new parasite is declared to be nothing more nor less than the dirty louse, combined with the dampness of the trenches. The discoverer of the new haemogragarine has been challenged to come forward with his proof before the Society of Tropical Medicine and subject his discovery to scientific tests. In commenting on this dispute, the reviewer meets with initials like these, D. A. H. and P. U. O., and wonders if medical literature is to be forever and historically disfigured with such abbreviations. If so, then the task of the future medical historian of the war will be a serious one, if for every new disease he has to discover its nomenclature from its abbreviations.

FRACTURED BASE OF SKULL, AND ITS TERMINATION 24 YEARS AFTERWARD.

Christopherson presents in the *Lancet* for September 22 a valuable account of a man of sixty-four dying without many symptoms, at Kratoum, in the previous spring. It was a warm day, but there had been no great physical exercise, and the only complaint was of occipital discomfort, which must be emphasized in recalling the frontal abscess discovered at the post mortem examination. The right pupil likewise was found rigid and irresponsive to light. After the frontal abscess was discovered the relatives were written to, and it was found that twenty-four years before the man had suffered from fracture of the skull when thrown from a horse. The question was, did the abscess originate then and there, giving no signs until it was accompanied with meningitis the day before the patient died? The position of the abscess in a "silent" region of the brain may account for its persisting so long without producing acute symptoms until so many years later. The whole case shows that it is unwise to prognosticate positively in fractured base of the skull.

FOREIGN.

Malcom, in the *Lancet*, also reports a curious case of a very large renal calculus, measuring about two inches and three-quarters in length and an average width of an inch and a half, which had given the patient no other symptom than severe hemorrhage at times, in spite of its size. The X-ray diagnosis was not so plain as it might have been, and an operation was determined upon, resulting in the discovery of this large calculus, the operation being complicated by several branch-like projections upon the calculus. Recovery was uneventful.

PERIODICAL PYREXIA.

Under this title we note an entertaining paper by Solly, with an account of pyrexia associated with erythematous patches and a cure by intravenous galyol (a salvarsan substitute) after other remedies, including autogenous vaccines, had failed. Temperature would run to 104-105 every other day. Vaccines at one time stopped this condition for a few days; it recurred; vaccines utilized again acted temporarily; recurrence again came on, but a cure was obtained by galyol, 40 cg. in 50 c. c. water intravenously. As Wasserman was slightly positive, syphilis might have been suspected, but high leucocytosis suggested a modified form of trench fever, with which our surgeons will soon have enough to do.

Galyl is named after Galen, who first used arsenic as a medicine.

PURULENT BRONCHITIS.

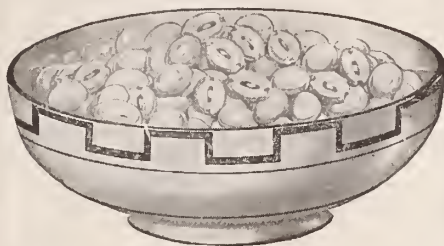
This acute affection, with very high mortality, is a new outbreak of war disease for which early diagnosis by the character of the sputum is indispensable for any treatment, which is generally in vain. If early cyanosis can be prevented, the patient gets a cure.

TRAINING OF MIDWIVES IN ENGLAND.

The large sum of \$400,000 is to be given in England at once, in order to train midwives to take the places of physicians now too much occupied at home by the absence of so many at the seat of war. A sad economic condition is already making itself felt in high infant mortality, whilst ophthalmia of infants is on the increase, owing to lack of care of the eyes by ignorant midwives, employed so freely by the people, owing to the lack of skilled physicians.

AWKWARD PRESCRIPTIONS.

Under this suggestive heading we note a good paper by Bromley, beginning with the question of what the apothecary is to do when he receives a prescription containing incompatibles, ambiguities, errors, or unusually large doses of dangerous drugs. The next question is what he shall do when the prescriber cannot be reached. In one instance he mentions, odd enough to us in this country, a case in which he asked by mail concerning a curious prescription, and got an answer in four entire days, by which time the patient may have been weary of wait-



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**and Corn Puffs
All Steam-Exploded**

ing. Aggravating delays in one way or another are also likely to occur from lack of catching the writer at the telephone.

If a "messy" prescription is ordered, common sense will tell just what to do. An acid added to an emulsion results in an incompatibility at once. If a trifling omission or addition will solve an incompatible problem, let the apothecary attend to it without troubling the doctor. Common sense directs us to leave out glycerine inadvertently added to a permanganate of potash gargle, because you don't want to blow yourself up. A mixture of quinine, iron citrate, and aromatic spirits of ammonia might call for alkalinity or for a stimulating effect, but the iron added prevents this. A mixture of sodium salicylate, sodium bicarbonate and tincture ferrum was cured of its incompatibility by dropping the tincture and substituting iron and ammonium citrate.

In medicines "to be shaken before taken," care should be given to repeat the order verbally to the receiver of the prescription when compounded. Chloral hydrate, much used in England, is incompatible with alkalies, for they decompose the composition and produce sudden action of the chloroform instead of the gradual effect of the chloral.

Having once an urgent order for a 3 M. amyl nitrite capsule, the writer happened to be out of them, and refused to dispense one containing 5 M., to the intense indignation of the physician.

The moral of this paper is, write plain and simple prescriptions, and then the patient and friends will not have their confidence shaken by the apparent disinclination of the druggist to compound them at once, in cases of emergency.

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County News and Notes.

PENOBSCOT.

PENOBSCOT COUNTY MEDICAL ASSOCIATION.

The annual meeting of the Penobscot County Medical Association was held at the Bangor House on Tuesday evening, November 20th.

The following officers were elected for the ensuing year: President, John B. Thompson; Vice-President, Elmer E. Brown; Secretary and Treasurer, H. J. Milliken; Board of Censors, A. K. P. Smith; Delegate to the Maine Medical Association, W. P. McNally; alternate, D. A. Robinson.

Following the banquet Dr. W. P. McNally, the retiring President, read a very interesting paper entitled, "Some Aspects of Renal Lesions."

This paper was fully discussed by the majority of the members present.

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Gelatine Dainties With Unique Fascinations

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We urge physicians to ask us for a trial lot of Jiffy-Jell in various fruit flavors. It will give you a new conception of these ideal dainties for the sick and convalescent. One great distinction lies in the gelatine itself. Jiffy-Jell is made with an extra-grade gelatine, which the owners of Jiffy-Jell produce.

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The flavors for Jiffy-Jell are made from the fruit itself. Not one is artificial.

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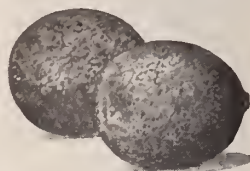
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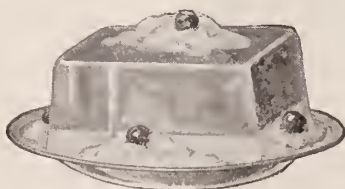
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Mint	Pineapple
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THE JOURNAL

OF THE

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No. 6

CAN WE PREVENT GASTRIC CANCER?

By RICHARD F. CHASE, M. D., Portland, Maine.

We all know that cancer of the stomach is of common occurrence, also that ulcer of the stomach is yet more common, but how many of us have been brought to the realization of the close relation existing between these two diseases? Do you realize that, according to best authorities, it has been demonstrated in the last few years that from 50 to 70% of gastric cancer cases are preceded by chronic gastric ulcer? If you appreciate the significance of this fact, outside of the dangers from hemorrhage and perforation, you should realize that the patient with ulcer also faces, eventually, a more certain and a far more fatal complication, viz.: gastric cancer. But you, if a general practitioner, are probably not fully cognizant of this danger from ulcer. It is possible that now, for the first time, the above figures are brought to your attention, moreover, your experience with this class of cases is too limited to have impressed upon your mind this risk that ulcer patients run. While for sometime I have been aware of the danger of cancer in ulcer cases, recent experience has done most to teach me its gravity. It is this experience that I desire to pass on to you and it is contained in the brief reports of four cases, observed during a period of eight months.

CASE I.—Sept. 13, 1917. Mr. H., aged 58. Had ulcer of the stomach twenty-eight years ago. Present history and stomach findings pointed to ulcer. I advised an operation on account of pyloric obstruction. At the operation the diagnosis of cancer was made. The patient died in a few days.

CASE II.—Feb. 12, 1917. Mr. B., aged 56. Twenty years ago vomited blood and was acutely ill for some weeks. It seems fair to assume he had gastric ulcer. Present history pointed to ulcer—gastric findings indicated cancer, probably of the cardiac end of stomach. As this location of cancer usually contraindicates operative procedure, and as the patient had a systolic blood pressure of 260, I did not advise operation. The patient, however, later went to another city, was opened, and an inoperable cancer was found. He died two months later.

CASE III.—Dec. 26, 1916. Mr. W., aged 71. For more than ten years had stomach trouble but worse the past six months. Stomach examinations showed marked pyloric obstruction, a nearly normal acidity, and sarcinæ. I reported to the physician who referred the patient that Mr. W. had chronic ulcer, which was undergoing or had undergone malignant change. The age, 71, and poor physical condition contraindicated surgery. The patient died two months later. Autopsy showed gastric cancer.

CASE IV.—Aug. 24, 1917. Mr. C., aged 54. For more than five years the patient had stomach trouble, occurring in attacks. His history indicated gastric ulcer, and four physicians in as many months had made that diagnosis, one designating it as a "pin head" ulcer (a rather finer diagnosis than even the specialist would dare make). Stomach examination showed pyloric obstruction, a normal acidity, and blood. My diagnosis was pyloric ulcer or cancer. Five days later a tumor was found at the pylorus. We could not tell from observation whether it was malignant or benign. In such cases a resection of the pylorus is indicated, if other conditions warrant; in this case a gastro-enterostomy was done. Now, four months later, I judge from the appearance of the patient that he has cancer.

There is very little, if any doubt, in my mind that in each case a malignant condition followed gastric ulcer. None of these cases had ever received a recognized treatment for gastric ulcer. Now the question arises, could the malignant conditions have been prevented in any of these patients? Although we do not know, I believe we all feel that in *cured* cases of gastric ulcer there is much less liability to ensuing cancer. May we not then possess, in the curative treatment of gastric ulcer, a preventive measure against gastric cancer? Remembering that 50 to 70% of gastric cancer cases are preceded by ulcer, is it not quite worth while, from this standpoint alone, to attempt to cure cases of gastric ulcer? Palliative measures and temporary cures are rather worse than no treatment at all. They merely lead the patient to believe he is cured, for a period, and protract the disease accordingly. It is

quite generally conceded that the older methods of medical treatment of ulcer result in about 50% of failures.

Duodenal feeding for all medical ulcer cases, either gastric or duodenal, and surgery for all cases in which pyloric obstruction exists, offer us the surest means of permanent cures.

ATROPINE IN THE DIAGNOSIS OF TYPHOID CONDITIONS.

An editorial note in the *Lancet* for September 29 calls attention to the work of Marris, on the effects of atropine on the pulse rate of patients suffering from typhoid infections, in which he studies the slow pulse of such patients by giving a dose of atropine which in other patients would cause considerable increase in its rate. In all of his typhoid and paratyphoid patients the pulse failed to respond to the atropine test. So, too, the dryness of the mouth and dilatation of the pupil are absent in typhoid and paratyphoid patients. The idea of concentrating attention on the pulse rate is that it is capable of exact measurement and offers a mathematical basis for his test. In order to obtain his typhoid diagnosis in doubtful cases the patient is laid recumbent one hour after the last meal, and the pulse counted minute by minute, say ten minutes in all, until it remains comparatively steady. One thirty-third of a grain of atropine sulphate is then injected hypodermatically over the triceps. After twenty-five minutes the pulse is again counted minute by minute until it is clear that any rise possibly due to the injection, has begun to pass off, say fifteen minutes or so. The average of readings before and of the readings of the maximum of the reaction after the atropine are compared, and if the difference between the two is fourteen beats, or less, the test is positive for an enteric disease. If a positive reaction occurs in the first fourteen days of the disease diagnosis is established, but if three negative reactions occur in the first fortnight diagnosis of typhoid or paratyphoid may be excluded.

Marris reports 104 positive results in 111 patients and a correct report in 94% of all the cases. Verification of this test before and after typhoid-inoculation proved its trustworthiness in every instance.

The pamphlet containing Marris' results has been printed by the Medical Research Committee of the National Health Insurance of England, and is thus available for students in advanced diagnosis of disease.

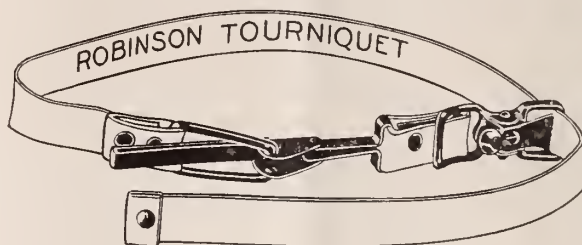
FIRST AID TO THE WAR WOUNDED.

BY WALLACE WILSON ROBINSON, A. B., M. D.

It is well known that this great war has stimulated inventive genius to create all manner of destructive agents. All the known forces of vast nature have been freely tapped to devise and perfect destruction of life on a scale of such magnitude that the human mind is appalled. Civilized nations are oscillating between victory and defeat, despair and triumph, and are literally being bled white.

Arrayed against this feverish search for destructive devices stands the altruistic and humanitarian grand army of physicians and surgeons. This medical world should and does stand for conservation of individual human life. Never has such organization and efficiency been apparent in the medical world as now exists behind the battle line, and yet the celerity of handling wounds, after great offensives, may be materially increased, and all new factors and inventions tending to improve and further speed up the care of the wounded deserve most careful consideration and immediate adoption by those in position to see that every American soldier has offered to him any extra chance for his life.

The purpose of this article is to bring before the forum of the medical world a new invention, consisting of important improvements on an old device. The device is the tourniquet and the improvements may best be described by the term "Availability at Time of Injury."



(FIG. 1.)

The "Instant Relief" anti-gangrenous tourniquet (Fig. 1) devised by the author may be, and is designed to be applied by the injured man himself within a few seconds after injury. The wounded soldier can apply the tourniquet whether he is lying or standing, so long as one hand is uninjured. It is not necessary to bare the limb, for, unlike any other tourniquet made, the "Instant Relief" gives perfect control of the circulation even when applied over an overcoat or wool-lined trench coat.

The arterial and venous hemorrhage is shut off by compression through the garment by a single movement of the one-finger lever in the positive direction (Fig. 2). By moving the lever in the negative direction the constriction is relieved, permitting undisturbed flow into the extremity, so that any injury to the great vessels or their tributaries in the arms and legs



FIG. 2.



FIG. 3.

is under immediate control, and by the simple expedient of swinging the lever back and forth, say once every ten or fifteen minutes, the damage resulting from the prolonged use of tourniquets is obviated and with slight loss of blood. No tourniquet should be kept tightened on any limb without release longer than twenty minutes, and

it is said that gangrene is produced in from two to three hours after injury.

It requires no stretch of the imagination to visualize an American soldier lying helplessly bleeding in "No Man's Land," literally far from immediate surgical attention; these things are occurring every hour, every minute, along the great battle front. They are actual facts. If this man is to receive aid which will staunch the flow from a large vessel, it must be by his own hand, as obviously no one skilled sufficiently to apply the Esmack tourniquet could be near to aid him or single him out among the many.

The English casualties alone have been averaging over 25,000 per week. How many could be saved by such an available device as the "Instant Relief" is of course a question. But no sane medical man doubts its efficiency in all cases of arterial injury as the direct means of saving life, and it has been stated that should only one life in five thousand be saved thereby the government would be amply repaid for its adoption.



FIG. 4.



FIG. 5.

It is apparent to the thoughtful that the time is coming when we can no longer read of the tremendous casualties along the European front with complacency, for these casualties will be our sons, fathers, brothers and neighbors. That these same casualties may occur any moment in any vicinity is amply illustrated by the recent catastrophe caused by a munition ship explosion in Halifax. There is no question but that had there been large quantities of the "Instant Relief" tourniquets and dressing pads available and in the hands of the Halifax police force and fire department many lives would have been saved.

A most important feature, and one that deserves thoughtful consideration, is that this tourniquet may also be used in any wound of the extremity, whether the hemorrhage is alarming or not dangerous in itself to life. In these cases the author suggests the use of the "Instant Relief" tourniquet in lieu of a bandage, that is, applying a gauze compress to the wound in the extremity and strapping it to the part, not using much tension. In the center of each gauze compress, should be located a frangible ampule of tincture of iodine, so that when the compress is applied to the wound and the tourniquet is applied to the compress, the ampule breaks, saturating the gauze and wound with iodine and immediately sterilizing both wound and dressing, yet the fine-mesh gauze preventing any particle of the glass from coming into contact with the wound itself.

The author claims priority and originality in this first-aid compress, which should prove a most valuable and rapid means of treating war wounds. Furthermore, any wound in the extremities can be dressed by the injured man himself in easily one-tenth the time and with one-tenth the effort required to swab a wound with a bottle of tincture of iodine and brush and then apply contaminated compress held in position by a series of turns of a more or less contaminated bandage—the present method, I believe, of treating injuries in their inception, and plainly an impossible feat by the injured man himself where one arm is injured.

In the case of aviators the practicability of going into action with each limb of the aviator surrounded by an "Instant Relief" tourniquet, held in position and ready for instant use, should appeal to all. When the birdman is wounded, with one movement he tightens the tourniquet and swings the lever, thus absolutely controlling any hemorrhage and preventing himself from bleeding to death if a large artery is wounded, or at least from fainting away from loss of blood and both he and his machine becoming a mangled mass on the ground.

This new invention of a practical field tourniquet which may be used by *any* man on himself is distinctly a humanitarian device and is put forth in the hope that its "Instant Relief" anti-gangrenous features, its availability, will be welcomed by those of the medical profession who really have it in their hearts to give each American soldier every extra chance for his life.

Necrology.

CHARLES EMERSON PHILOON.

Auburn, 1841-1917.

This well-known practitioner of Auburn, the son of James and Nancy Dexter Fuller Philoon, was born in Livermore, July 7, 1841, educated in his native town and after three courses of lectures obtained his medical degree at the Bowdoin Medical School in 1867, his thesis being one on the "Diseases of Pregnancy." Having read this essay with considerable gratification, I am glad to say that it showed promising work in any practitioner of medicine, for it took in at a glance all that can be said concerning such affections.

He settled for practice in Dixfield, Maine, directly after graduating, married there Miss Flora Evelyn Bartlett, daughter of Dr. James Bartlett, of that place, and practiced there until 1884. Looking for a wider field of activity he attended special lectures on affections of the stomach in New York, and then removed to Auburn for the rest of his life. He did no surgery, hardly approved of its wholesale performance, as he often said, practiced medicine as he was taught it, rarely used the modern pharmacopoeia, but he was strong on nutrition and food in the treatment of diseases and by some was considered too conservative in this respect. He was opposed to alcohol in any form, and believed that ice cream and soda water were infinitely worse for the stomach than any beer ever yet invented. He was very kind and attentive to his patients, but not perfectly successful as a consultant, owing to his forcible opinions on old medicines and opposition to the new. He had, however, the most implicit faith in a skilled oculist, and never drugged his headache patients, but first of all asked the opinion of the best obtainable medical refractionist.

Dr. Philoon suffered in February, 1917, from an attack of angina pectoris, from which he so far recovered in May as to be busy again in his office. On the 18th of May, in the morning, he kept at his practice, and seemed in perfect health, but about noon he was attacked with acute cedema of the lungs and died in about two hours. He remained throughout his entire career a quiet, unobtrusive man, completely interested and absorbed in his profession, and imbued with an intense and steady desire to help all who sought for his services.

J. A. S.

Investments and Insurance for Medical Men

Dear Doctor:

Your attention is invited to these subjects for January, because it is a convenient time to consider them. Your *new* resolutions for 1918 may have included a plan to revalue your property, and your earning capacity, based on the advancing costs. Have you done so?

Life Insurance You are giving more attention than ever before to the subject of physical fitness. Diet and economy have been brought home to every man by war conditions. Man value is now at a premium. Hence you should take a new thought about your life insurance. Are you making all the investment in life insurance that your circumstances justify for the protection of yourself and family in your old age, or for the latter in case of your death? More and more the life insurance companies are aiding in the extension of life. Some of them provided for annual examinations with a view of discovering, if possible, disease before it has become incurable. These companies consider they can perform a greater service by helping to keep a \$100,000 husband and father alive, than by paying a \$10,000 claim to his widow and children. Let them help you. Don't buy insurance just as a death claim. Endowment policies are considered good life investments.

Fire and Automobile Insurance What about fire insurance? Do you carry it? If not, why not? President Wilson in a recent letter said: "Preventable fire is more than a private misfortune; it is a public dereliction." You cannot afford to suffer a private misfortune, due to somebody's public dereliction. Fire insurance is for your own protection.

Motor cars are a necessity to physicians. By the same token, so is automobile insurance against fire, accidents and thefts. Don't neglect such protection.

Accident Insurance The courts have held, in the case of physicians, that accident insurance covers death, loss of limb or sight caused by blood poisoning from septic matter introduced into the system during professional operations. Don't carry your own risk by taking chances, when you can secure protection at such low cost. And as for "Medical Defense," every physician should carry that as faithfully as he does his "medicine case."

Safe Investments High grade bonds and stocks are available for investments; issues of Liberty Bonds are teaching valuable lessons of thrift, as well as patriotism. Stocks are often regarded as speculative investments; but there are good stocks, mortgages and bonds to be had if you are satisfied with a fair return on your money. It is seldom satisfactory to gamble on high rates of interest. The legal rate of interest indicates what may be considered a just rate on a SAFE investment.

Buy bonds; there are good ones: Municipal, Railroad, Corporation bonds that can be obtained in small denominations and bearing a good rate of interest. Buy them through well-established, responsible houses.

We have good reason to believe every advertiser who offers you insurance or investments in the columns of this Journal is reliable.

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Editorial Comment.**MAJOR GILBERT MOLLISON ELLIOTT AND HIS HOSPITAL WORK AT HALIFAX.**

One bright example of preparedness, and knowing what to do at the proper time and with the greatest possible despatch in an emergency, unequalled on this continent, is that afforded us by the zeal, ability and rapidity with which our well-known fellow laborer in medicine from Brunswick, Major Elliott, worked during the disaster at Halifax. At a minute's notice he and his associate physicians and nurses left for the scene of terror, arrived quickly, made proper use of what material they had with them or could find lying about, and in the brief space of two days had equipped and offered to the stricken city a hospital completely ready for 500 patients. We have not yet been able to discover the number of patients admitted, operated upon, rescued from burns and frost, or otherwise treated, but we hope to obtain those figures soon and to publish for our readers, in order that they can appreciate what has been done, and then thank Major Elliott and all concerned for their capable, efficient, and satisfactory work. Nor have we any doubt that the same geniality which characterizes our comrade in his private practice was displayed at Halifax and obtained from his associates their utmost endeavors for charitable work.

The President of the Maine Medical Association takes this opportunity to express, in behalf of himself and of the members of the Association, their entire satisfaction with the generous, self-sacrificing, and oftentimes dangerous work accomplished by Major Elliott and the physicians and nurses who volunteered for his assistance. This is one of the brightest spots in the medical history of Maine, and the JOURNAL,

in recording its occurrence for future readers, is glad to be still continued by the Association for the chance of printing this grateful recognition of faithful work in unequalled medical emergency.

EMERGENCY MEDICAL CORPS AT WATERVILLE.

It is pleasant to know that the up-to-date physicians of Waterville have banded together and formed an emergency Unit, ready to do such work in their place of practice, or to leave there on any emergency similar to that which lately occurred at Halifax, where our Militia Medical Unit was of so much value to the sick and wounded. Every place of importance in Maine should follow the good example set by Waterville physicians, and joining all forces together, general practitioners, surgeons and specialists alike, should make ready for work that may come at any time and always most unexpectedly. The medical men of Albany, New York, seem to have been first in the field for emergency preparations, and their idea has brought forth fruit already and abundantly in some places, as, for instance, in St. Louis, as is noted elsewhere in this JOURNAL.

The one great defect in a democracy is initiative. No one man dares to stir until behind him arises popular enthusiasm and pushes him into the limelight, when something fine is, though slowly, accomplished. In days like these we stand more than ever in need of public medical advisers to the authorities of every place of importance in the State, and if they were given even a small salary, they would form a rallying point for emergencies, and add one more argument for the need of paid school physicians or paid medical advisers, in addition to strictly city physicians or local boards of health. January brings before the people of the State their yearly budget of expenses, and no money can be more wisely spent than for such a purpose as just above mentioned.

A SUPPLEMENTARY MEDICAL OFFICERS' RESERVE CORPS.

Under the very extraordinary and complicated title of a Reserve Medical Officers' Reserve Corps, the JOURNAL has received a long call for duty from Dr. Joseph Colt Bloodgood, Chairman of the Committee of Preparedness of the Southern Medical Association. Before presenting a condensation of this valuable document to our readers, may we suggest that the word "supplementary," which appears at the head of this brief annotation, is a better word than a repetition of the word "Reserve" as in the title offered to us, whilst perhaps to other minds such words as "additional," or "extra," or "secondary," might be equally well utilized.

Without further preliminary, ~~then, let it be said~~ that the letter from Dr. Bloodgood runs to this effect.

TO THE EDITORS OF MEDICAL JOURNALS IN THE UNITED STATES:

It is of the utmost importance that the medical profession should be kept informed of the work of the Surgeon General's Office, of that of the Medical Section of the National Council for Defense in Washington, and of the work of the various State Committees by writing to them directly for all information required. The situation of the Original Medical Officers' Reserve Corps up to the end of September is, that 14,000 physicians are already commissioned, and 7,000 more will soon be ready for their commissions. This total of 21,000 physicians will suffice for an army of two millions of men. If a larger force should be needed the membership of the medical profession will be tested to its utmost to furnish the physicians needed.

At a late meeting of the Illinois Committee of National Defense it was voted to petition Congress to create a supplementary (additional) Medical Officers' Reserve Corps, into which every qualified physician of any age may be enrolled and given a chance to volunteer his services. After such enrollment every physician will be entitled either to wear the insignia of the Reserve Corps, or the uniform of active service in the Medical Officers' Reserve Corps. From this Supplementary Medical Officers' Reserve Corps the Surgeon General can choose medical officers as they are required, for service at home or abroad.

Our present weighty war problems from a medical point of view are, to train physicians in active practice for war duty, to protect our army from venereal diseases, and to build up and educate anew the cripples caused by the war. We plan, accordingly, to keep the profession informed of what is being done, and is going on, and to encourage all of them, enrolled or reserved, in this great national endeavor for service and health.

WAR WORK OF THE ST. LOUIS MEDICAL SOCIETY.

The physicians of the city and county of St. Louis, Missouri, feeling aggrieved at the action of the Missouri Medical Association bringing politics and local interests into play amidst the anxieties of war, established on its own account a Committee for Defense, and has favored us with a copy of a Report of what it has so far accomplished. In its pages we note pledges of loyalty to the nation, names of those who have joined the Medical Officers' Reserve, and the discussions concerning the care of the practice of those who have enrolled. Concerning this last important topic, it may be said for the instruction of other members of the profession, that out of some 850 members nearly 600 volunteered to give their time gratuitously, while the remainder offered their services at a price including from 25% to 100% of all sums received in consultations. Requests for unorganized physicians to join

with the St. Louis Society for war purposes showed only one in ten assenting. Free hospital service and free apothecary supplies were obtained for soldiers and their immediate families during the war; many large estates were induced to cancel long leases made for physicians' offices, so that the physicians will be free from monetary obligations. A Home Guard was voted, navy recruiting was stimulated, women's work was co-operated with that of the physicians staying at home, high cost of living was discussed, and free lectures on health before the public and the schools were offered and delivered. Taking it all in all, the work done by the St. Louis Medical Society was well done, is worthy of our study and consideration, and our thanks are hereby abundantly offered to those who so kindly sent this valuable and helpful Report. May some one in Maine begin to follow in the footsteps of our western brethren in medicine.

HEALTH INSURANCE AND ITS STUDY.

The President of the Association is sending out to the County Secretaries a few copies each of two sets of pamphlets on the important topic of Health Insurance, which is bound to be discussed widely throughout the coming year. He regrets that, owing to the scarcity of these pamphlets, he cannot send a copy to every member, but even a few will help in the proper study of what is nothing more nor less than a direct menace against the income and the satisfactory scientific practice of every physician. Those, therefore, who care to study this topic can obtain copies from their County Secretary.

These brief pamphlets, one entitled, "Objections to Health Insurance," and the other, "Criticisms of our Objections Answered," coming directly authorized from the Chicago Medical Society, open up many points of view not often seen in other documents concerning this topic, and many of which all students of medical legislation will be glad to consider whenever it is brought before the public. Understanding the dead set for legislation of this sort of insurance, sure to be continued by organized committees throughout the nation, every physician ought to be ready to say something when called upon for an opinion concerning its possible effects upon the people as well as upon the profession, for, wherever it is brought up, this vital question is put to every physician appearing before the committee of the legislature concerned: "Will you suggest some constructive criticism instead of merely opposing what seems to be a beneficial plan? Can you offer us any plan that may be better for the health of the people, in any way?"

Let us hope that one or two bright men in every county will study this topic with a view to discovering a solution to a problem which has proved to be so vexatious, and so destructive to medical practice and progress wherever it has been extensively tried in any nation.

THE MASON DISPENSARY AND SYPHILIS.

We have received a notice from this institution, situated in Portland, asking for increased clinical instruction in the domain of syphilis by recommending to its care patients so afflicted, with a view to treat them with the most modern methods both intramuscularly and intravenously. A small charge will be asked from those who are able to pay, and owing to governmental aid the costs of the specific medicines has of late been much diminished in comparison with those during the early part of the war. The JOURNAL favors such instruction as beneficial for students in and around Portland, and additionally for the benefit of physicians, a good many of whom, we are sorry to understand, seem to stand in awe of intravenous injections. It has always seemed to us that methods of treatment so promising to the relief of the human race ought not to be allowed to fall into the almost exclusive use of a very small group of men, but that, on the contrary, they should become more and more broad spread for the benefit of the diseased. The plan of the surgeons of the Mason Dispensary is to be commended and forwarded, and the JOURNAL takes pleasure in calling to their plan the attention of all of its readers. Maine should be kept up to date with every modern improvement, and its physicians offered opportunities to obtain the latest views, remedies and instruction in their use and application, instead of being forced to go elsewhere at much waste of time and money.

PROPOSED CLINICAL THERMOMETER.

We acknowledge with much pleasure a brief paper from the pen of Dr. E. O. Kane, of Kane, Pennsylvania, with a sketch of his proposed thermometer for clinical and, particularly, military needs. The thermometer measures about as usual in length of the stem of ordinary thermometers for this sort of work, but the stem itself is much thicker and stouter, something very desirable in military surgery where the surgeon may be much on the move. The temperature scale, however, begins at *zero*, goes down to minus 3 and as high as plus 8. The idea of utilizing zero as the starting point for clinical thermometers is, as the author acknowledges, not of his own, but was suggested as many as fifty years ago by Dr. Seguin, of international fame, whilst two other physicians went so far as to patent such a scale in 1889. It is the opinion of the author that the utilization of such a scale would make the readings simpler and more accurate for nurses and physicians alike. We regret that we are unable to append the figure which Dr. Kane has sent to us with his brief paper, but shall be very glad to show it to those interested. At first glance the idea strikes us as a very valuable suggestion. Moreover, we are quite sure that all surgeons will welcome a thermometer which is so much more stable and far less fragile than those upon which we are at present obliged to depend, oftentimes with sad results in emergencies of surgical practice, for nothing is more disagreeable than to have a thermometer snap into bits when cleansing with water a trifle too warm, or even to have it break into bits whilst shaking down the mercurial column by whipping it about in the air.

PATENT MEDICINE LABELS MUST TELL THE TRUTH.

Although the newspaper press rarely takes much notice of items in purely medical journals, it is well worth while, on the chance of being utilized for public health benefits, that the JOURNAL should say a few words on the subject of this brief note.

There was a time when people could spend no money more agreeably to themselves than in being fooled by patent medicines, the price of which was none too costly when so many promises for cure were given on labels and advertising notices alike. Thanks now, however, to the Office of Information of the U. S. Department of Agriculture, people must know from the labels of all such nostrums precisely what they contain in solution. The newspapers or folders are unfortunately not subject to laws of prohibition, and the only way in which the people can save their money, if they wish to, is to read the labels on the bottles and see for themselves just what they are planning to take and then to consider whether those ingredients can be of any value, mentally, bodily or physically. The greatest advantage in such laws lies in the fact that no person can knowingly take cocain, morphin, various forms of opium, or alcohol without being warned. This is especially of advantage to mothers as a warning against the use of soothing syrups for children, actually containing a good deal of opium in one form or another, whilst others who would never take a drink of wine, beer, cider or spirits will see just how much alcohol these patent medicines contain.

Book Reviews.

Technique of the Carrell Method.

By J. Dumas and Anne Carrell.

Paul B. Hober, Publisher, 67 East 59th St., New York. Price, \$1.25 net.

This little monograph of 90 pages, including its index, translated by Lamb and preceded with an introduction by Keen and a preface by the translator, has come to us for a notice, and a brief one it shall have to this effect. Written originally by Mme. Carrell, who is an expert in following the theories and practice of her husband, it is precisely what it is set out to be, a work concise, yet very plain, and exceedingly useful for the instruction of nurses and of physicians who have not previously followed out the minutiae of the method suggested by Dr. Carrell, and which is at present the fashionable one of modern military surgery. As such, the book deserves our best consideration, and we commend it highly to those who are face to face with the military surgery of to-day. In its pages they will find concise directions of just what to do, and if followed the student will soon be something of an expert. The book is intended as a handy hand-book for emergencies and instruction, but in no way supplants the masterly "Treatment of Infected Wounds" already issued by Dr. Carrell and published by this same house.

A two-paged Glossary in French-English and English-French, will have its value to those of our surgeons who go to the front unacquainted with French. We note the error, twice repeated, of "pasement" (dressing) for "pansement," but otherwise the foreign terms are correct.

J. A. S.

General Principles of Therapeutics.

By Dr. Francis H. McCrudden, Tufts Medical School, 186 pp.
Published by Gregory, of Boston. Price, \$1.50.

We have received for review a very excellent hand-book with the above-mentioned title, which seems to us compact, well printed, and with a general summary of contents in place of an index, and from which, beginning with diseases of the heart, the writer proceeds to mention those of the kidneys, vessels, respiration, gastro-intestinal tract, general metabolism and chronic and specific infectious diseases.

For each of these sections there is abundant clue in this table of contents. Whether such a book would not have increased value with an index is open to discussion.

This very fine book is, in point of fact, one that treats of therapeutics as a science and as a branch of physiology and is well worthy of high commendation. For one important item it is free from that very objectionable feature of many modern medical books, the overloading with mere names of so-called authorities, needless, indeed, when fashions change so rapidly that mere names soon cease to have value and disappear from fame as rapidly as they entered its charmed circle. To students of medicine, whether young men in the schools or already in practice, we take real pleasure in commending this book as one well worthy of being always at hand with its excellent suggestions in practical bedside therapeutics.

J. A. S.

A Clinical Treatise on Diseases of the Heart.

By Dr. E. E. Cornwell.
Published by the Rebman Company, New York.

This small monograph of 125 pages is an excellent condensation and new representation of a large number of original papers issued by the author in various medical journals between the years 1907 and 1917. As such it represents the growth of his opinions and offers the evident results of his studies on the heart during the past ten years. As such it is a very valuable contribution to the diagnosis, general and special, as well as to the general and special therapeutics of diseases of this organ. A very excellent index enables quick reference to important points in emergencies, and to the therapeutic precepts at the end of the substance of the handy book we carefully commend the precise attention of our brethren in medicine. In those two pages he will find many sage remarks well worth remembering. Light to handle, easy to read, and well indexed, this is a particularly valuable book to have always at hand.

J. A. S.

OUR ROLL OF HONOR.

MAJORS.

Bradbury, B. F., Norway.
Burrage, T. J., Portland.
Bryant, C. S., Millinocket.
Cousins, W. L., Portland.
Farris, H. R., Oxford.
Haskell, W. L., Lewiston.
Kendall, Clarence, Biddeford.
Kerslner, W. E., Bath.
Peters, W. C., Bangor.

CAPTAINS.

Adams, Lester, Bangor.
Bailey, B. A., Wiscasset.
Chapman, H. M., Bangor.
Crane, H. M., Bangor.

Cook, N. R., Brooks.
Davis, P. W., Portland.
Desjardins, A. U., Waterville.
Folsom, E. B., Portland.
Gilbert, F. Y., Portland.
Gregory, F. L., Caribou.
Haney, O. E., Portland.
Haskell, A. W., Portland.
Howes, L. M., Bangor.
Lombard, L. L., South Portland.
Leslie, F. E., Andover.
Mitchell, Alfred, Portland.
Moore, R. B., Portland.
Murphy, J. H., Dexter.
Ness, William, Lewiston.
Nichols, E. S., Portland.
Pudor, G. A., Portland.

Pratt, G. L., Farmington.
 Roberts, H. H., South Poland.
 Ridlon, B. D., Portland.
 Sincock, W. E., Caribou.
 Stewart, D. M., South Paris.
 Stinson, H. K., Bangor.
 Swift, H. M., Portland.
 Thompson, J. B., Bangor.
 Thomas, C. M., Brewer.
 Vanamee, T. O., Portland.
 Webber, M. C., Portland.
 Wentworth, D. M., Sanford.
 Whitmore, W. C., Portland.
 Whitney, W. E., Bangor.
 Whittier, F. N., Brunswick.
 Williams, A. F., Phippsburg.

1ST LIEUTENANTS.

Allen, H. M., Norway.	Jordan, F. H., South Portland.
Bliss, R. V. N., Bangor.	Kagan, S. H., Augusta.
Brooks, J. E., Eastport.	Kilgore, H. L., Belfast.
Clark, Blance, Norridgewock.	Kinghorn, C. W., Searsmont.
Clough, G. H., Dexter.	Ladouceur, J. W., Augusta.
Cook, C. E., South Berwick.	Lippincott, L. S., Brunswick.
Cummings, E. S., Lewiston.	Lombard, H. L., Bridgton.
Damon, A. H., Limestone.	Marshall, L. B., Hebron.
Dolloff, D. E., Biddeford.	Merrill, H. P., Portland.
Everett, H. J., Portland.	McFadyen, James, Milo.
Flint, E. F., Foxcroft.	McNeil, H. D., Bangor.
Fogg, Eugene, Portland.	Milliken, J. S., Readfield.
Ford, L. H., Brewer.	Morrison, C. C., Bar Harbor.
Floyd, A. E., Mapleton.	Mullin, S. S., Bath.
Grant, A. L., Lewiston.	O'Connor, M. J., Rockland.
Hall, H. W., Hallowell.	Pattee, S. C., Searsport.
Hannigan, R. C., Bath.	Pastor, L. M., Bangor.
Harris, W. H., Augusta.	Parcher, A. H., Ellsworth.
Hill, P. S., Biddeford.	Pelletier, J. J., Lewiston.
Hunt, H. J., Bangor.	Pepper, J. L., Madison.
Johnson, H. W., Wytovitlock.	Potter, J. G., Houlton.
	Powell, L. L., Saco.
	Richardson, H. K., Bradford.
	Robinson, H. L., Bangor.
	Scammon, C. S., Millinocket.
	Scribner, H. C., Bangor.
	Sollima, E. L., Portland.
	Sullivan, P. S., Biddeford.
	Sylvester, C. B., Harrison.
	Tibbetts, G. A., Portland.
	Tibbetts, R. R., Bethel.
	Thompson, P. P., Portland.
	Thomas, C. F., Caribou.
	Wakefield, R. W., Bar Harbor.
	Webster, F. H., Rockland.
	Wheeler, F. E., West Paris.
	Whitaker, P. W., Unity.
	Witherall, C. H., Augusta.
	Woodcock, Allan, Bangor.

The following members have been rejected for minor physical disabilities.

Call, E. V., Lewiston.	Odiorne, J. E., North Whitefield.
Caulfield, G. B., Bangor.	Sanborn, J. W., Waldoboro.
Chase, R. D., Portland.	Starrett, J. F., Bangor.
Coombs, G. H., Waldoboro.	Webber, M. A., Portland.
Garcelon, H. W., Lewiston.	

Corrected as far as possible to January 1st, 1918.

Medical War Notes.

MEASLES AND PNEUMONIA IN CAMP WHEELER, GEORGIA.

There has been an epidemic of the measles—nearly 3,000 cases—in this camp in November, and these have been followed, as often happens after the measles, with an epidemic of pneumonia, so that there were at one time nearly 300 cases on hand. In taking the matter in hand Surgeon General Gorgas reports that a large number of the measles cases were contact cases, and that the state of affairs is due to the overcrowded condition of the camp. He recommends, as an immediate necessity, additional shelter for the sick men until each shall have fifty feet of floor space; that an observation camp be established; that no new men be brought in until conditions change for the better, and that all the new men lately brought or soon to be brought in be kept in the observation camp until the main camp is again free from infection.

It is refreshing to observe the able work accomplished by the authority of a man skilled in sanitation. Yet some physicians are crying out against so much drilling in camps for enrolled physicians, forgetting that it is only in this way that the effects of authority can be shown to men who have never had to obey anybody at all, and to follow for years their own sweet will.

ARSPHENAMINE.

Under this new name our old friends, Salvarsan, 606, Aresnobenzol and Arsaminol, are all to be sold as an American manufactured drug under the distinctive name of Arspenamine. Up to 1915 the supply of these drugs came from Germany with an American patent, with the result by speculation that a dose originally calling for the sum of about \$4 has arisen to \$35, making its use prohibitive. The right to fix the price at \$1 a dose for the Army and Navy, at \$1.25 for hospitals and at \$1.50 for physicians is now legally established, and the government informs all interested that the shortage now prevalent will be immediately relieved, and the product placed in the hands of the profession at prices lower than ever before. Three firms are from now on authorized to manufacture the new remedy: Takamine Laboratory, New York, Dermatological Research Laboratories, of Philadelphia, and Farbwerke Hoechst Co., of New York.

Military Notes.

Penobscot County.

Capt. John B. Thompson, of Bangor, has been transferred to Camp Shelby, Miss.

The name of Lieut. Harrison Robinson, of Bangor, through error of printer, was omitted from the last number of the JOURNAL. He was recently home on leave of absence on account of illness, but has now returned to Allentown, Pa.

Major William C. Peters, of Bangor, was home from Camp Devens for Christmas.

Capt. C. M. Thomas, of Brewer, has returned from Halifax, where he went as a volunteer to help in the care of the wounded.

Lieut. Herbert Scribner, of Bangor, is home on leave of absence from Allentown, Pa.

Capt. Lester Adams and Mrs. Adams, of Bangor, have arrived at his station in Panama in an ambulance company.

Lieut. Raymond V. N. Bliss, of Bangor, has been ordered to Boston for instruction in orthopedic surgery.

Cumberland County.

Captains G. A. Pudor, A. W. Haskell, R. B. Moore, from Camp Devens, P. W. Davis, from Fort Grant, E. B. Folsom, from Allentown, were at home for the Christmas holiday.

Lieut. P. P. Thompson has been ordered from Camp Seiver to Boston.

Androscoggin County.

Dr. H. H. Roberts, of the Poland Spring House, has been ordered to Camp Gordon, Georgia, for work in gastro-enterology.

County News and Notes.

ANDROSCOGGIN.

ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

On December 4th the annual meeting of the Androscoggin County Medical Society was held and the following officers were elected for the coming year :

President, Edson B. Buker, Auburn.

Vice-President, George F. Hall, Lewiston.

Secretary and Treasurer, Albert S. Dolloff, Lewiston.

Member Board of Censors, A. W. Plummer, Lisbon Falls.

CUMBERLAND.**First Patient Admitted to the Dudley Coe Infirmary at Brunswick.**

We think it well worth while to put on historical record that the first patient admitted to this excellent Infirmary went there November 3, 1917, for a concussion of the brain and a cut over the right eye, occurring during a foot ball match.

The name of the patient was Philip Dyer Crockett, a sophomore of Bowdoin College.

KENNEBEC.**KENNEBEC COUNTY MEDICAL ASSOCIATION¹**

The Kennebec County Medical Association, at its annual meeting, Thursday evening, December 27, at the Augusta House, elected Dr. E. W. Boyer, of Waterville, as President for the ensuing year. The other officers were as follows: Vice-President, Dr. F. C. Tyson, of Augusta; Secretary, Dr. S. J. Beach, of Augusta; Treasurer, Dr. Stephen E. Vosburgh, of Augusta; Censor for Three Years, Dr. R. L. McKay, of Augusta. As delegates to the Maine Medical Association were named: Dr. F. E. Strout, of Gardiner, Dr. L. K. Austin, of Waterville, and Dr. O. S. C. Davies, of Augusta; alternate, Dr. Karl B. Sturgis, of Winthrop.

It was voted that the dues of all members of the Association enrolled in the Medical Officers' Reserve Corps be remitted. It was brought out that there are nine members now in active service.

Following the banquet, addresses were made by Dr. Guy G. Fernald, director of the survey for the National Commission for Mental Hygiene and Secretary of the Maine Commission for provision for the feeble minded, and by Dr. James A. Spalding, of Portland, President of the Maine Medical Association. Dr. Fernald told of the movement in favor of doing more than formerly has been done to improve the condition of the State's dependents, both in and out of institutions, by studying cases, ascertaining their numbers and needs, and rousing sentiment among physicians and the people in favor of better mental hygiene. He expressed the hope, in certain cases where the patient is only slightly under normality, of making self-supporting citizens out of those who are now burdens on the State. Dr. Spalding discussed problems of the Association, and more especially emphasized the need of defense of physicians against unjust malpractice suits and the danger to the public of ill-advised legislation regarding health insurance.

S. J. BEACH, *Sec.*

PENOBSCOT.**PENOBSCOT COUNTY MEDICAL ASSOCIATION.**

The regular monthly meeting of the Penobscot County Medical Association was called to order by Vice-President E. E. Brown at the Bangor House, Tuesday evening, Dec. 18th.

Dr. Philip B. Newcomb, of the staff of the Bangor State Hospital, was elected to membership.

At the suggestion of Dr. Chapman, all non-members were invited to join the Red Cross and seven responded.

Dr. H. D. Worth, of East Corinth, a former member, who had hitherto been unable to attend the meetings, was reinstated on payment of arrearages.

After supper, Dr. L. D. Bristol, Maine's new Health Commissioner, gave a very comprehensive talk on "Some Activities of the Health Department."

Those present were: Drs. L. D. Bristol, Augusta; E. E. Brown, Barbara Hunt, W. L. Hunt, D. A. Robinson, L. M. Howes, L. S. Mason, J. F. Starrett, H. W. Osgood, C. S. Philbrick, W. E. Fellows, Daniel McCann, J. B. Woods, W. C. Mason, P. T. Haskell, Wm. P. McNally, C. H. Burgess, W. E. Whitney, E. B. Sanger, H. M. Chapman and H. J. Milliken, Bangor; A. H. Schriver and J. A. Lethiecq, Brewer; E. B. Skolfield and H. D. Worth, East Corinth; S. J. Redman, Exeter; M. C. Maddan, Old Town.

H. J. MILLIKEN, *Sec.*

PISCATAQUIS.

PISCATAQUIS COUNTY MEDICAL SOCIETY.

The annual meeting was held at Dr. Marsh's office, Guilford, at 1.30 P. M., Thursday, December 27, 1917.

Dr. L. D. Bristol, of Augusta, State Health Commissioner, was present and his subject was "Activities of the New State Department of Health."

G. E. DORE, *Sec.*

WASHINGTON

WASHINGTON COUNTY MEDICAL SOCIETY.

The annual meeting of the Washington County Medical Society was held in Calais, Thursday, the 13th day of December.

H. B. MASON, *Sec.*

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Extra-Grade Oat Flakes

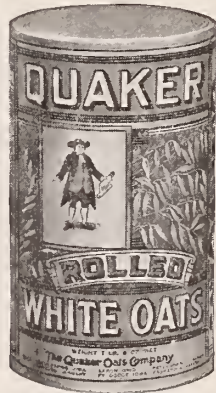
2260 Calories For 12 Cents

Quaker Oats is today a marvel of economy. Eggs cost nine times as much per unit of nutrition. The average mixed diet costs four or five times as much.

Yet Quaker Oats is the highest grade of oat food. It is flaked from queen oats only—just the rich, plump oats. We get but ten pounds from a bushel.

Because of this selection, Quaker Oats stands supreme in flavor. Because of that flavor, it stands first the world over.

Even at twice this price, a better oat food is impossible.



The Quaker Oats Company

Chicago

(1757)

YORK.

YORK COUNTY MEDICAL SOCIETY.

The ninety-first quarterly meeting of the York County Medical Society was held in the Common Council room in City Building, Biddeford, Thursday, Jan. 3rd.

The forenoon session was opened at 11.30 o'clock, Dr. C. F. Kendall, of Biddeford, the Vice-President, presiding in the absence of the President, Dr. C. E. Cook, of South Berwick. The records of the June and October meetings were read and approved.

Four physicians were added to our membership: Dr. Frank G. Devereux, Parsonsfield (Kezar Falls); Dr. Samuel G. Sawyer and Dr. Geo. W. Weeks, Cornish; Dr. Hermann K. Tibbetts, Limerick.

The Secretary's report showed that seventy members were reported to the Secretary of the Maine Medical Association last May. Four were elected to membership during 1917, and there was one death.

Dr. W. W. Smith, Ogunquit, Dr. C. E. Thompson, Saco, and Dr. F. C. Lord, Kennebunk, were appointed as a committee on nominations. The following officers were elected for the ensuing year:

President, Dr. Clarence F. Kendall, Biddeford.

Vice-President, Dr. Ansel S. Davis, Springvale.

Secretary, Dr. Arthur L. Jones, Old Orchard.

Treasurer, Dr. Chas. F. Traynor, Biddeford.

Board of Censors for Three Years, Dr. Sumner B. Marshall, Alfred.

Delegate to Maine Medical Association for Three Years, Dr. Harry L. Prescott, Kennebunkport.

This Society is represented in the United States military service by Dr. Chas. E. Cook, So. Berwick; Dr. David E. Dolloff, Dr. Paul S. Hill, Dr. Clarence F. Kendall and Dr. Philip S. Sullivan, Biddeford; Dr. Lester L. Powell, Saco; Dr. Daniel W. Wentworth, Sanford. The Secretary was instructed to send a letter of greeting to all members who are away from home in the military service.

Dinner was served at Hotel Thacher at 1.30 o'clock.

The afternoon session was opened at 2.30 o'clock.

A letter from Dr. C. E. Cook, the retiring President, was read. Dr. Cook was stationed at the time of writing at Fort Slocum, N. Y., and was commissioned as captain in the M. O. R. He gave a detailed and most interesting report of his activities at Fort Slocum and various other camps where he has been stationed during the past six months.

Drs. Dolloff, Hill, Powell and Sullivan have been in the service overseas during the past few months.

Two papers that contained much information of a practical nature were presented by Dr. Richard D. Small, Portland, his subject being, "The Modern Treatment of Burns," and Dr. Stanley P. Warren, Portland, whose theme was, "Some Worries of an Older Ob-

stetrician." Dr. Small stated that the use of English Ambrine had proved to be the best method of treating burns, and excellent results have followed its use in all kinds of ulcerations. Dr. Warren expressed his belief that puerperal infection is nearly as prevalent to-day as at any time in the past. He made a strong plea for the most scientific principles in obstetric practice, and termed such newer methods as nitrous oxide anesthesia, pituitrin, and "twilight sleep" merely fads that possess little good and are frequently very dangerous.

A rising vote of thanks was extended to Dr. Small and Dr. Warren for their instructive remarks.

Adjournment was at 4.00 o'clock.

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Warranted not to chafe, bind, draw or overheat stump. Representative who wears limb will call by request at patient's home to show samples any time, anywhere in New England at no expense. Reasonable prices, courteous, efficient service, liberal guarantee.

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Our doctor friends, some years ago, asked us to make a bran dainty.

They wanted a food which was staple and likable—a food to be continued.

They wanted the bran in flake form, to have maximum efficiency.

We made Pettijohn's for them—25 per cent bran flakes, hidden in soft rolled wheat. Now people are serving—largely by doctors' advice—nearly a million dishes weekly.

You will prefer Pettijohn's, we think, to any clear bran food when you know it. And so will those to whom you recommend it.

Pettijohn's

Rolled Wheat with Bran Flakes

Soft, flavory wheat rolled into luscious flakes, hiding 25 per cent of unground bran. A famous breakfast dainty.

Pettijohn's Flour is 75 per cent fine patent flour mixed with 25 per cent tender bran flakes. To be used like Graham flour in any recipe; but better, because the bran is unground.

The Quaker Oats Company

Chicago

(1753)

There were present the following physicians: R. D. Small, S. P. Warren, Portland; C. J. Emery, M. H. Ferguson, E. D. O'Neill, F. E. Small, C. F. Kendall, A. C. Maynard, G. C. Precourt, C. F. Traynor, Biddeford; J. D. Haley, C. E. Thompson, Saco; F. C. Lord, Kennebunk; J. W. Gordon, W. W. Smith, Ogunquit; H. L. Prescott, K. B. Tracy, Kennebunkport; B. F. Wentworth, Scarborough; J. A. Randall, A. L. Jones, Old Orchard.

ARTHUR L. JONES, *Sec.*

PERSONAL NEWS AND NOTES.

Dr. C. M. Sleeper, of South Berwick, has taken a house in Portland for the winter.

Dr. James A. Barrett has been elected city physician for South Portland.

Dr. John W. Schafer, formerly of Berwick, has located in South Berwick.

Have You an Infant Feeding Problem?

If so, the hand booklet, "*Successful Infant Feeding*," mailed on your request will help you solve it. It contains the essentials of simplified infant feeding methods evolved within the past few years—a reformation beginning with the discovery that the sugars used in infant feeding cause more trouble than the curds of cow's milk.

Modern Infant Feeding Is Successful

because its methods are simple, understandable, easy to use, and yield dependably good results. It provides diets suitable for the individual well infant, which cause a normal gain in weight, also efficient corrective diets for digestive disturbances. MEAD'S DEXTRI-MALTOSE is largely used in these diets because it is more readily assimilable than cane sugar or milk sugar, and correspondingly less liable to cause the troubles of sugar fermentation. NO DIRECTIONS for use accompany packages of MEAD'S DEXTRI-MALTOSE. It is made for physicians' use only.

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THE JOURNAL

OF THE

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The Journal assumes no responsibility for opinions expressed by the authors.

VOL. VIII.

FEBRUARY, 1918.

No. 7

LATE VISCERAL SYPHILIS.

By THOMAS J. BURRAGE, M. D., PORTLAND, MAINE.

Syphilis has always been regarded as an extremely protean disease, but its greatly diversified pathology was never fully realized until the discovery of the *spirochæta pallida* by Schaudin in 1905, and the Wasserman serum-complement reaction at about the same time. Noguchi's luetin test, introduced a few years later, also deserves mention, especially in its relation to tertiary syphilis. From the added impetus that these tests have brought to the study of syphilis, and from the results of the new arsenical and mercurial treatment of the disease, our knowledge has brought us to a point where we need to pause and orient ourselves again, especially with regard to late visceral syphilis. From the time of the generalization of the spirochæte, which takes place at the beginning of the so-called secondary stage, there is hardly an organ in the body that escapes invasion, although, as Warthin has pointed out, the heart, aorta, testicles and adrenals are the organs which, according to his post-mortem experience, have been most frequently the site of disease. This brings us to another fundamental fact in the present-day conception of syphilis, namely, that of the latency of the disease. Formerly the cure of syphilis was thought to be an assured fact, if only sufficient mercury and potassium iodide had been taken into the system. Now it has been demonstrated over and over again that the spirochætes are rarely entirely destroyed after generalization has taken place, but that they enter into a stage of latency in various organs, as the heart, aorta and testes. This condition is also met with in syphilitic diseases of the central nervous system, as tabes and paresis. These diseases

were formerly regarded as para-syphilis, but this conception has been rendered untenable by the demonstration of the spirochætes in the tissues of the brain and cord by many pathologists. (Rytana and Judd, *A. J. M. S.*, February, 1915.)

For a better understanding of visceral syphilis, a brief survey of some of the present-day pathology of tertiary disease is necessary. Skin lesions will not be dwelt upon in this paper, inasmuch as patients with such manifestations consult the dermatologist rather than the internist.

1. Syphilitic aortitis. Syphilitic aortitis differs markedly from arteriosclerosis, with its fatty degeneration and calcification so often seen. The intima in such cases is intact, but shows translucent elevated areas, often puckered and depressed from resulting cicatrization. The disease is confined at first to the area near the aortic valves, later extending to them producing aortic regurgitation, and also to the ascending aortic arch resulting frequently in aneurism. The spirochætes have been demonstrated by many pathologists.
2. Heart. Harlow Brooks (*A. M. J. M. S.*, 1913) reviewing the pathology of the heart in syphilis, states that 66% of his syphilitic cases, including well and poorly treated patients, died as the result of serious circulatory disease, apparently of specific origin. He found true cardiac gummata to be rare, but the usual pathological condition proved to be perivascular infiltration with round cells, followed by fibrosis and fatty degeneration, dependent upon endarteritis and thrombosis of the coronary arteries.
3. C. N. S. Syphilis and para-syphilis (tabes and paresis) are identical in etiology, though they differ in point of view of tissues involved. For instance, cerebrospinal syphilis is due to an exudative, vascular and gummatous process, involving the meninges, while paresis shows a combined meningitis and encephalitis, with secondary changes due to vascular obstruction. Tabes also exhibits a meningitis followed by a disease of the nerve roots, and finally of the posterior columns of the cord.
4. Liver. Syphilis of the liver may take the form of the gumma, with large tuberculous masses, simulating neoplasm, or it may develop an interstitial hepatitis, resembling the ordinary alcoholic form.
5. Bones. As is well known, syphilis often attacks the bones, as, for instance, the tibia, clavicle and skull. More recently, however, syphilis of the vertebral column has been demonstrated as not by any means uncommon. About one hundred cases are on record with the cervical region as the one most often effected (Misc. W.) The pathology in these cases consists of exostoses, gummatous periostitis and osteomyelitis, with occasional necrosis and sequestration.
6. Pancreas. Until lately very little has been noted concerning syphilis of the pancreas and its relation to diabetes, although glyco-

surea, or mild diabetes, has been observed in 9 to 10% of paretics. Warthin (*A. M. J. M. S.*, 1916) reported six cases of diabetes associated with syphilis and lesions of the pancreas. The histological changes found comprised chronic pancreatitis, with fibrous changes in the Islands of Langerhans, and sclerosis of the blood vessels (M. M.).

7. Lungs. With regard to syphilis of the lungs, Landis and Lewis (*A. J. M. S.*, 1915), of the Phipp's Institute, Philadelphia, reported five cases with every evidence of pulmonary tuberculosis in the upper lobes, except the presence of tubercle bacilli. All the cases showed positive Wassermann tests, and the pulmonary signs disappeared after the use of salvarsan and mercury. There were no deaths and consequently no autopsies to confirm this series. The usual post-mortem changes consist in gummata, fibrosis and focal areas of consolidation and catarrh. Formerly, syphilis was supposed to attack the lung roots and the lower lobes, but in all five of the cases reported the pathological process was confined to the upper lobes.

8. Kidneys. Certain diseases of the kidneys have often been associated with syphilis, notably, amyloid disease and interstitial nephritis. Gummata are rare. Mercurial treatment has always been accused, as the cause of much of the nephritis, but how justly seems to be questioned. The latest addition to the present conception of syphilitic nephritis has been suggested by Munk, who noted the presence of doubly refractile lipoids in the urine of these cases. Stengel believes, from his investigation of forty-six cases, that there exists a parenchymatous type of nephritis due to syphilis, and characterized by abundant albumin, many hyaline and granular and occasional epithelial casts, with a tendency to general oedema, and moderate phthalein output. The distinctive feature is the presence in the urine of doubly refractile lipid globules.

9. Stomach. Statistics show that 1.2% of all cases of syphilis coming to autopsy show gastric lesions of some kind. Ewald says that 10% of all cases of gastric ulcer are probably syphilitic. This figure, according to Morgan (*A. J. M. S.*, 1915), is far too high. The stomach may be affected by syphilis functionally or organically, the latter occurring in the third stage, and originating as circumscribed gummatous deposits or infiltrations of the gastric wall. Ulcerations follow the breaking-down process, and healing by cicatrization with deformity or stenosis follows. There are no characteristic signs or symptoms, but the diagnostic criteria are a positive Wassermann test and the results of anti-syphilitic treatment. Morgan reports seven cases with positive Wassermann reactions, complete gastric analyses, extensive X-ray examinations and recovery from all symptoms after salvarsan and mercury. Downes, W. A. (N. Y.), reports observations made on eight cases

of syphilis of the stomach for periods extending from one and a half to three and a half years. Two cases were of the congenital type and six were of the acquired. One patient died one and a half years after the diagnosis was made. The remaining seven are well from a clinical standpoint so far as their stomach symptoms are concerned. They are able to follow their usual vocations, and have gained from ten to fifty pounds in weight. Five of the patients were subjected to gastro-enterostomy for the relief of symptoms of obstruction. (*Journal A. M. A.*, Dec. 2, 1916. Hour-Glass Stomach from Syph. cop. and relief.)

In my own personal experience, the frequency and importance of seeking syphilis as the underlying cause of obscure symptoms has been emphasized by eleven cases during the last year. Even in this modest number there has been quite a variety. One was a case of syphilitic aortitis with aortic regurgitation; four were cases of cerebral syphilis of varying severity; one was a case of anæmia with splenomegaly; one was a case of duodenal ulcer with hemorrhage and death with cerebral symptoms; one was a case of cardiovascular syphilis with asthma; two were cases of tabes; one was a case of paresis with epileptiform seizures. Of this number three were women and eight were men. Two of the three women denied infection or any knowledge of the disease, and had never been treated. The third had taken a year or more of treatment, and had been pronounced cured, but she developed cerebrospinal syphilis and died in spite of very energetic treatment. Of the men, all but one admitted infection, and had received more or less treatment, which time proved was totally inadequate. Let me give you briefly the histories of some of the more interesting cases.

Mr. A. V., 30, married, a mechanical engineer, came to me July 17, 1916, with the following history: Sixteen months ago he was first taken with stomach trouble, which caused distress 1-2 hours p. c., accompanied by gas and gnawing pains in the epigastrium. There was no nausea, vomiting, epigastric tenderness or melena. The bowels were constipated, flatulent and colicky. Three months ago he had a violent attack of vomiting, in which the vomitus was exceedingly acid. After a week in bed he improved a good deal, but six weeks ago his distress and other symptoms returned. At the recommendation of his physician in Canada, he came to Old Orchard for a holiday, but there had been no improvement, and he has lost twelve pounds in weight. Physically he exhibited emaciation and anemia (hgb. 80%). There was considerable ptosis of the stomach and right kidney, while the stomach contents showed a very high acidity and the presence of occult blood. The urine showed a trace of albumin and considerable indican. A diagnosis of gastric ulcer was made, and the patient was sent back

to his home, where X-ray plates demonstrated a gastric ulcer. A profuse hemorrhage unfortunately followed the ingestion of the barium meal, and greatly depleted the patient's strength. So far the story was plain and straight enough, but the interesting features now begin to appear. Cerebral symptoms developed, and a Wassermann test made at this time showed a 4 plus reaction. Careful questioning brought out a probable syphilitic infection acquired several years ago. The cerebral symptoms increased and the patient died of exhaustion. At this point somebody will ask, "How do you know that this gastric ulcer was due to syphilis? Why may not the man have had ulcer from ordinary causes and syphilis besides?" This is a difficult question to answer. For the sake of argument I am making the diagnosis of syphilitic ulceration of the stomach, on the presence of a very positive Wassermann reaction, believing that one diagnosis that will fit all the physical findings is much more likely to be correct post-mortem than a number of diagnoses based on a varied pathology. In this case death came before a chance could be given for anti-syphilitic treatment. This diagnosis is based largely on the work of Morgan and Downes quoted above.

Under the head of cardiac and vascular syphilis, I have had two cases. Their histories are both rather interesting. Mr. E. S. is 47, and the chief of a fire department in a small city. He is doubtful about syphilitic infection, but states that 15 years ago he had a slight rash and sore throat following the appearance of a questionable sore on his penis. His physician was uncertain as to the diagnosis, but to make matters sure gave him treatment by mouth for two years. For six months previous to his visit he had been subject to pain and pressure across the chest after excitement or exertion. Lately the attacks have been coming much more often, the pressure lasting usually from twenty to thirty minutes. He has lost weight and strength. Although married eleven years, his wife has never been pregnant. Physical examination showed the typical heart of aortic regurgitation, with systolic pressure of 145, and diastolic pressure of 60. The radial arteries were sclerotic and the urine showed indican and a slight trace of albumin. The Wassermann reaction was 3 plus. The patient was returned to his physician with the diagnosis of syphilitic aortitis and aortic regurgitation. Under treatment some of his symptoms disappeared, but a re-examination at the end of three months showed still greater dilatation of his heart and a pressure of 122-30. The prognosis was certainly very dubious. The second case of syphilitic aortitis with regurgitation was similar but farther advanced. Mr. J. A. was 52, married, and an engineer by occupation. His wife and two grown-up daughters are

healthy and well, and he himself denies all knowledge of venereal infection. Four months ago he began to have pain and pressure under the sternum with dyspnoea on exertion. He has also been troubled with a cough and frothy sputum, and frequent asthmatic attacks at night. Physical examination showed aortic regurgitation with marked hypertrophy and dilatation of the heart. The blood pressure was 150-30, a very large pulse pressure. Sclerotic arteries, slight passive congestion, and cedema of the lungs made up the rest of the picture. His Wassermann was 3 plus. In spite of energetic anti-syphilitic treatment, he failed rapidly and died in a month of angina pectoris.

An interesting case is the following: Mrs. E. B. B. was 47 and a widow, having had no children or miscarriages. Her husband had had tabes, and had died several years previously. Six years ago she began to have mild asthmatic attacks following bronchitis. Two years later the asthma became much more troublesome, and a year ago it developed to such severity that she had to give up her work as a nurse. She had never been subject to nasal trouble, nor was she susceptible to pollen, odors or foods. Physical examination showed an hypertrophied and dilated heart, with sclerotic arteries, and a blood pressure of 135 m. m. The pulse was 140, though regular, the pupils and reflexes normal. A colon cystitis was present, and well-marked emphysema. An examination of her nose and throat by a consultant showed nothing abnormal, nor did radiographs of the sinuses. A Nogouchi test was positive. The diagnosis of cardio-vascular syphilis was made and the patient was returned to her physician for treatment. After taking salicylate of mercury intramuscularly for six weeks her asthma disappeared, she gained twelve pounds in weight, and was able to return to her work of nursing, which she has kept to ever since (a year in January, 1917).

Two of my cases of cerebral syphilis were of the ordinary type with meningeal involvement, manifested by severe headaches, worse at night, and speedily relieved by iodide of potash and mercury. One of these cases was also in the early stages of tabes. The other two cases were of considerable interest and I will report them in some detail. Mr. F. C. is 31 and a tailor by occupation. He has always been well and strong, though fifteen years ago he admits a syphilitic infection, and seven years ago, gonorrhœa. For the syphilis he received over two years of treatment in the shape of inunctions and pills. About ten days before his call upon me he had suddenly begun with great thirst and polyuria, though normal appetite. He averaged three to four glasses of water every hour, day and night, and has to pass urine as often. There has been no loss of weight, but he has been troubled

with constipation, indigestion, frontal headaches and vertigo. Physical examination was negative. The urine taken on several occasions was pale with sp. gr. of about 1005, no albumin or sugar, and nothing in the sediment. His blood taken for a Wassermann test was reported as 4 plus. A diagnosis of syphilitic basilar meningitis was made, and the patient put upon mercury salicylate intramuscularly. Within a few weeks' time all the symptoms of diabetes insipidus had disappeared, and the patient felt perfectly well. Mrs. C. F., 30, and married, has always been fairly well but never strong. A history of syphilitic infection ten years ago was obtained from her family after the development of her serious illness. Her treatment had been administered off and on for several years, and her physician had pronounced her perfectly cured. She became pregnant and at seven months was obliged to submit to an induced abortion, for the relief of what seemed like threatened eclampsia. The foetus died at birth, and its general appearance arousing the suspicions of her physician, a Wassermann test was made on the mother, and was found to be 4 plus. All eclamptic manifestations disappeared and the patient improved, until one day she was suddenly taken with a convulsive seizure, which was followed by a hemiplegia of the left side. The mental condition was much clouded, with great irritability and even at times maniacal attacks. There was ptosis of the right eyelid and the right pupil was dilated to three times the size of the left. A lumbar puncture revealed clear fluid, not under increased pressure. Under mercury and large doses of potassium iodide she improved considerably, but after several weeks she relapsed into a state of dementia, and though salvarsan and neosalvarsan were administered, she continued to sink, and finally died of exhaustion.

My two cases of tabes showed the usual well-marked classical signs of the disease. One was a man of 61 years, who denied venereal infection, and whose only complaints were those of lack of energy and ambition. His disease was associated with advanced arteriosclerosis, involving especially the heart and kidneys. The other tabetic had had his syphilis twenty years ago, for which he had received one year's treatment. He was one of those sufferers who had had so-called sciatica for ten years, and all of his treatment until lately had been directed toward that mistaken diagnosis. His late treatment had been entirely insufficient inasmuch as it had consisted of only two injections of salvarsan. As he lived in Cambridge he was to resume his treatment there.

The case of paresis with epileptiform seizures showed the classical signs and symptoms of the disease without improvement.

The following case has been of considerable interest to me from a

diagnostic standpoint. Miss A. C., 35, single, and a waitress, first came to me in 1911, with a history of cough for six months, loss of weight, night sweats and general weakness. A typical history of phthisis, but without temperature or convincing signs in the lungs. At that time she improved and went south for the winter. Since then I have seen her several times each year, and she has been in very good health, keeping at work all the time. In June, 1916, she came to see me, feeling rather run down, but without any definite symptoms. On physical examination she showed an anæmia with 70% hemoglobin, and a firm, hard spleen reaching an inch below the costal border. At this time the question of syphilis presented itself to me very strongly, and a Wassermann test was made, the result being 3 plus. A luetin test made at the same time was also strongly positive. The patient was at once put upon salvarsan and mercury salicylate, which resulted in speedy improvement. Without doubt this patient had been suffering from syphilis all these years, and my tardy diagnosis should have been made long before.

The diagnosis of late visceral syphilis will often be a difficult matter, and will depend ultimately upon the positive evidence of the special tests, and upon the results of treatment. At this point trouble in certain cases is sure to arise, since relying upon laboratory tests, however carefully carried out, will occasionally lead to error. For example, in tertiary syphilis, the Wassermann test is positive in only about 80% of cases (Pusey), while in latent cases it is positive in only about 50%. Other authorities give much higher figures, especially for the latent cases. The use of the so-called provocative Wassermann test, where a small dose of salvarsan is given and the Wassermann is again taken, will be found to be very helpful in developing doubtful cases. Even under ideal conditions, however, there is a fair margin of error. A single negative Wassermann should never be relied upon in a doubtful case, but a second one should be made following a provocative dose of salvarsan. With regard to Noguchi's luetin test, he himself has recently stated (Hanes, *A. J. M. S.*, 1915) that in tertiary syphilis 90% give positive results and the reactions are very intense. Hanes states, in conclusion to his article on the "Luetin Reaction in Syphilis," that the reaction is more delicate for latent and tertiary syphilis than the Wassermann test. From these statements I believe that one would be safe in saying that a positive Wassermann or luetin reaction, if done in both instances by experienced hands, would be considered sufficient evidence of the presence of syphilis. A negative reaction, however, would leave one in doubt, and here the value of the provocative Wassermann test and of anti-syphilitic treatment would demonstrate itself. In private practice repeated Wassermann tests are

quite out of the question on account of the expense, and if the case is obscure the therapeutic test should be applied. Superficial lesions, if present, would be of great assistance, but these are frequently lacking; in my own short series of cases, no such lesions were present.

From a survey of the literature it is evident that entirely new ideas with regard to prognosis must be entertained. In this connection an article by Warthin (*A. J. M. S.*, 1916) is especially pertinent. He reports forty-one autopsied cases in the pathological service of the University of Michigan from 1912-14, that showed on microscopic examination either the presence of spirochætes or the characteristic tissue lesions. Eleven of these cases were regarded as clinically cured; five cases were still under treatment for the disease; twenty-five were cases in which syphilis had been excluded clinically. In this list active lesions were found post-mortem, in the heart 36 times, in the aorta 32, in the testes 31, in the liver 4, in the adrenals 1, in the pancreas 6, and in the C. N. S. 5. He declares that "cured syphilis," in many cases, if not in all, is but a state of latent infection with spirochætes of very low virulence. He further adds that promises of cure within a definite time limit can never be made, and that treatment must be extended over many years. Pusey (*A. J. M. S.*, 1913) makes similar declarations with regard to prognosis. He says: "We cannot give positive assurances that the disease has gone never to return. We can give assurance after several years of negative Wassermann tests, of probable immunity, just as we can after several years of symptomatic freedom." The Wassermann test should be taken, according to Pusey, at intervals throughout life, for the possibility of future relapses in syphilis cannot be ignored. He considers the curative value of salvarsan after the initial stage as exceedingly small. According to Fordyce the criteria of cure consists in a negative Wassermann test at least a year after the cessation of treatment, continuing so after a provocative injection of salvarsan. Moreover, the spinal fluid must be normal in every way. In my own eleven cases, all but three had had more or less treatment, and several had been assured of their cure, yet they all relapsed after varying periods of latency. To my mind the safest plan is to consider no syphilitic as cured, but each year of life to advise a course or two of mercury or salvarsan or both. In this way can latency be best assured.

According to Fordyce (*A. J. M. S.*, 1916) the treatment of tertiary syphilis should consist in a combination of courses of salvarsan and intramuscular injections of mercury, often followed by the prolonged use of potassium iodide and mercury in the form of mixed treatment. In latent syphilis, also, Fordyce believes that the old-fashioned mixed treatment is very efficacious. Salvarsan is given in

courses of five or six injections, in doses of .3 to .5 gm. for men, and .2 to .4 gm. for women, at intervals of seven to ten days. Mercury is given intramuscularly in courses of ten to twelve injections, using $\frac{1}{3}$ gr. of the salicylate once a week. Both salvarsan and mercury courses are followed by a rest period of from four to six weeks, when the procedure is repeated until adequate treatment has been given. With visceral lesions potassium iodide, given in large doses, is of great value, especially in cardiac, bone and periosteal lesions and large gummata of the liver. Pusey (*A. J. M. S.*, 1913) dwells at some length on the dangers of salvarsan, such as multiple neuritis, herpes zoster, paralysis of cranial nerves, epileptiform attacks, disturbances of memory and orientation, partial or complete atrophy of the optic and acoustic nerves, and hemorrhagic encephalitis. These untoward effects, however, are rather rare, and should not in general, deter us from the use of this very valuable remedy. He believes that salvarsan does not lessen the occurrence of tabes or paresis,⁶ but on the contrary fears that it may predispose to them, owing to the neurotropic action of the arsenic.

With regard to treatment of cerebrospinal syphilis, tabes, and paresis, a brief outline will be given, although the subject deserves an entire paper. Moreover, cerebrospinal syphilis is not by any means uncommon, and its treatment, at least in a general way, should be well understood. According to Swift (*A. J. M. S.*, 1916), a very intensive treatment of syphilis early in the disease may destroy the spirochaetes everywhere except in some small focus in the C. N. S. The blood in such cases will give a negative reaction with the Wassermann test, but the spinal fluid will be positive, showing that the surviving spirochaetes are confined to the cerebrospinal axis. The failure to recognize this condition may bring about a cessation of treatment when it is most needed. According to the literature, three methods of treating syphilis of the C. N. S. are advocated. In the first, the use of salvarsan intravenously; in the second, the use of the so-called salvarsanized serum, first introduced by Swift and Ellis, and in the third, the use of mercurialized serum. Sachs, Strauss and Kaliski (*A. J. M. S.*, 1914), detail their method of treatment and its results in a very interesting paper. They employed salvarsan intravenously in doses of .25-.4 gm., giving from four to six injections a week or ten days apart. This was followed by a course of ten to twelve injections of mercury salicylate, administered intramuscularly in doses of .5-.1 gr. a week apart. A month's rest is given between each course, and several courses of each are administered. Swift's technique with the use of salvarsanized serum is as follows: Intravenous salvarsan is administered, and at

the end of one hour 100 c. c. blood is withdrawn from a vein. This is separated and diluted to 40 or 50% with normal salt solution. Thirty to forty c. c. of the dilution are then injected intraspinally, after withdrawing an equal quantity, if possible, of spinal fluid. These treatments are given every two weeks for six to eight injections. Mercury and potassium iodide are also given, especially in the presence of gummata. Patients who have involvement of the cerebral meninges or brain should have their salvarsan preceded by a short course of mercury to prevent reactions around the vital nerve centres. Swift advises the following treatment for tabes and paresis. Salvarsan is given in gradually increasing dosage intravenously, once a week for six to eight injections. After a rest of a month a course of mercury is tried. Then after another period of rest, courses of salvarsan intravenously or intraspinally are employed. The results in tabes are much more satisfactory than in paresis.

The use of mercurialized serum dates back to 1913, but seems to have attracted less attention than the other two methods of treatment. Ravaut, in 1913, treated two cases of cerebrospinal syphilis by injections of mercurial salts into the subdural space and obtained excellent results, but the cases were not followed for a sufficiently long time to determine their final outcome. Byrnes, in 1913, in considering new means for the treatment of cerebrospinal syphilis, found that many patients who were receiving the Swift-Ellis treatment were also having inunctions of mercury or subcutaneous injections, and that the mercury could be determined in the serum in an amount equal to that of salvarsan in salvarsanized serum. Thus the patients were receiving mercurialized as well as salvarsanized serum.

The method of obtaining the mercurialized serum is as follows: For one week one dram of mercury ointment is inuncted every night. At the end of this time 40 c. c. of blood are withdrawn into sterile centrifuge tubes, centrifuged at once and refrigerated for from eighteen to twenty-four hours. They are again centrifuged for twenty minutes, and 20 c. c. pipetted off. Thirty c. c. of a solution of mercuric chloride in distilled water which contains gr. 1/50 of bichloride is added to the serum. The serum, which should be perfectly clear, is then heated to 56 C. for one-half hour, and administered in the usual way. J. M. Wolfsohn (*A. J. M. S.*, February, 1917) reports twenty-five patients treated in this manner, each patient averaging five injections, from one to two weeks apart. His results were especially favorable in relieving pain in the crises of tabes, but the time since beginning treatment (nine months) is hardly adequate for predicting permanency of results. He concludes that there is no danger in the administration of mercurialized

serum in cerebrospinal syphilis and that it is especially efficacious in tabes. The serum, due to its stability, can be used at any time after its preparation. Its cheapness also recommends itself, especially in those cases where the expense of salvarsan makes its employment prohibitive.

Sachs, Strauss and Kaliski (*A. J. M. S.*, 1914) make a rather severe arraignment of the method of Swift and Ellis. They contend that the cerebrospinal fluid contains no more arsenic after an intraspinal injection of salvarsanized serum than it does after an intravenous injection of the same amount. Moreover, they point out that an intraspinal injection of non-salvarsanized serum has been known to reduce the cell count from 30 to 32 cells per c. c. m. As a matter of fact, lumbar puncture alone can reduce the cell count, without any other procedure. Moreover, it must be borne in mind that very satisfactory conditions of the cerebrospinal fluid can be obtained without any corresponding improvement in the clinical symptoms. Sachs, etc., give the following summary of their results: In cerebrospinal syphilis, where the process is actively affecting the blood vessels and the meninges, salvarsan administered intravenously has been most effective. Headaches, ocular palsies, and hemiplegia have all responded better than with any other previous treatment. In tabes, the progress of the disease has been stopped, and there has been marked subjective improvement without permanent changes in the pupils or reflexes. In paresis, not a single cure has been made so far.

From this brief outline of treatment of cerebrospinal syphilis I feel that it will be agreed that the use of salvarsanized serum should be reserved for institutional treatment and the expert, but that the general practitioner who wishes to give his patients with cerebrospinal syphilis the best chance will use courses of salvarsan intravenously, alternating with courses of salicylate of mercury intramuscularly, and the iodide of potash by mouth.

In this paper I have endeavored to present some of the newer pathology of late visceral syphilis, the value and significance of specific tests, and an outline of present-day treatment with its results. Much advance in the knowledge of late visceral syphilis has undoubtedly been made during the last ten years, but even now much is left to uncertainty, and the cure of the disease after the generalization of the spirochaetes still awaits the future.

THE HALIFAX DISASTER.

BY DR. THOMAS A. FOSTER, Portland.

The best traditions of the medical profession gained greater glory than ever before during the recent calamity at Halifax. The heroic devotion of the Canadian physicians also acted as a stimulant to their willing and eager American brothers in medicine, who rushed to give their help to those already on the spot. No physician of Maine who had the opportunity to lend a hand to the stricken people at Halifax will ever forget the brave spirit of the injured, or the heartfelt thanks received from the Canadian workers. So, too, the medical history of Maine will be ever distinguished by the record of the relief expedition led into Nova Scotia by the Surgeon General of the State, Major G. M. Elliott, of Brunswick.

Whilst we were still at Halifax, the President of our Association wrote to me asking information concerning the organization, personnel, transportation, material and work performed. This looked like a large order, amidst so many other official duties to be attended to on the spot. However, so much valuable material was right at hand that it called loudly upon me to be published, and here the readers of the JOURNAL will find my offhand notes concerning the deeds of the medical men of Maine at Halifax in December, 1917.

In answer to Gov. Milliken's offer of aid from Maine, messages arrived immediately from Halifax asking for supplies and physicians at once. Adjutant General McL. Presson instantly proceeded to form a medical unit, and Captain William Goodwin, Q. M. G., gathered supplies from the stores belonging to the State. At the time of the catastrophe, Maine had for medical service officers in the medical corps, officers in the Medical Reserve Corps, and physicians in civil life ready to serve when the call was sounded. The unit, as formed, consisted of Major Elliott in command, with Drs. Murphy, of Dexter, Thomas, of Brewer, T. A. Foster, of Portland, O'Connor, of Augusta, Garcelon, of Lewiston, F. T. Hill, of Waterville, Stetson, of Brunswick, Cox, of Bangor, Barker of Kennebunk, Stott, of Woolwich, Woods, of Bangor, and Cragin, Ames, Noyes and Merrill, all of Waterville. The State had no organized nursing corps, but through the efforts of Dr. Cragin four nurses, including his operating nurse, were secured, and two men for orderlies.

Our party set off from Portland, filled up at Brunswick, and at Augusta we hitched on supplies of 1,500 blankets and 725 cot beds, collected there by Captain Goodwin. At Waterville that contingent joined in, and at Bangor we were joined by others, including Mr. Wil-

fred Hennessey, son of our old medical comrade of that city, who, with others, had gathered together 5,000 blankets and 1,500 puffs, which the governor had wired ahead for from the Bangor Chamber of Commerce, which keeps supplies of this sort every winter for lumber camp needs. As a matter of record, let it be said that Hennessey had things ready, and that the confusion of the early days of organization was greatly cleared way by this gentleman's effective action and splendid spirit which accompanied us through the entire expedition.

All the way from home, the State paid for transportation, and arranged for our personal car to be attached to the special Red Cross train from Boston, with its supplies and physicians. The journey, however, was long, and forty hours were consumed before we rolled into Halifax station. But as if this were not enough delay, we had others to face after getting into our harbor of refuge, for the local committee was not prepared to deal with us as a unit, although they needed us badly enough as individuals. Suppering at Hotel Halifax, which was busy in spite of broken, though patched up window panes, and injured staff, we left what baggage we had in the billiard room of the Halifax Club, where we were quartered, and set off at once to answer individual calls for medical aid and advice of every imaginable sort. The city was darker than London during an air raid, the streets were in a wretched condition with frozen ice and snow, and the temperature was steadily falling. At the end of a long evening we finally rounded up in the billiard room and talked things over. Most of the cases seen were those of minor surgery, eye injuries requiring immediate attention, and many others already attended to by first aid.

The next morning we began to realize that the maimed and injured were not limited to the region actually devastated by the explosions, but existed for miles around. Glass had, as it were, filled the air, blown out of innumerable windows, and inflicting, far and near, curious and serious face and eye wounds, cuts, scrapings, and that sort of oozing incisions such as glass only can inflict. If Portland were only Halifax, one might imagine the entire district east of Lincoln Park and from the back bay to the harbor all knocked to pieces, houses burnt, twisted up, crumpled together, and causing death or injuries to all within them. Great casualties also occurred from roofs and walls falling in and down on one another, and as at the same time the plastering was smashed into clumps, clods and dust, it is plain that an inconceivable variety of unusual injuries ensued, and almost in an instant of time. These casualties might be divided as follows: Serious from falling buildings and the force of the explosion to those on the streets, and from beams and plaster within the houses. Most of these resulted fatally and almost

instantaneously to the probable number of a thousand. Many who did not die at once required surgical aid. Less serious injuries came from flying glass, shingles, lathes, window sashes and so on, and these required much care to stop hemorrhage. Whilst most of the glass blew into the houses, a great deal was swept throughout the streets by force of the explosion.

On the next day we continued our visits and filled assignments allotted to us by those in command. Dr. Hill, for example, was directed to a dressing station, and attended there to eighty-one patients on the first day, and established a system which made his station one of the most orderly in the city. The rest of us worked from daylight to late at night, wherever we could find an opening for patients.

On this day, also, our commanding officer consulted with Col. McMervie Bell, of the Medical Reserve, and through his aid secured the building of the Ladies' College on Pleasant St. With a hundred workmen and his own Sergeant, Captain Goodwin transformed this partially roofless and entirely windowless building in twenty-four hours into a habitable hospital with 200 beds, besides quarters for twenty-four officers and privates of the Canadian Medical Corps, loaned to us as orderlies. We could have set up more beds, but waited until we could see what more were needed. Major Elliott then got his forces together, told each what was expected from him, appointed a surgical and medical staff, and defined their duties precisely. Captain Goodwin was in the office and in charge of supplies and equipment, Dr. Foster in charge of the admissions* and discharges, and Hennessey—what did he not do! He was private secretary, and never did secretary accomplish so much with so splendid a spirit, and for one precious thing he commandeered for our own personal uses the best Cadillac Eight in the town, won the hearts of all the women of the Red Cross, brought in armfuls of supplies, shook hands with the chairman of all the committees, and obtained fish, flesh, fowl and vegetables for all concerned. So far as medical Maine is concerned, Hennessey may be branded as a three-star man for a clever assistant. Miss Jessie Kidston, to whom we owe many belated thanks, took care of all of our correspondence. Drs. Garcelon and Cragin took the surgical cases; Merrill, Stott and Cox the medical. Cox acted as anesthetist. Dr. Hill did much ear surgery, and Dr. Stetson

*Dr. Elliott has informed the President of the Association of an incident of admissions under Dr. Foster which should be preserved. Dr. Foster came to me and said: "They rang us up from the Relief and asked if we would take a moribund case of erysipelas." "You didn't take it?" "Yes, I did." "Why, Tom, we can't have that here with all those open wounds." "What shall I do about it?" "Ring up the Health Board." "I did, but they were full up." So, continued Major Elliott, we kept the poor fellow in a separate room, with a special nurse, and we pulled him through, after all.

attended to the obstetrical emergencies, of which there were oddly enough several in due season, and did dispensing of medicines. These men were steadily on hand, whilst the others were doing outside work and collecting cases to be sent in. There was not room enough for us all to sleep in the hospital, but twenty medical officers served all night, each one taking his turn, our commanding officer included. Night duty began at 6, was interrupted by a late dinner, and then all night long, with four nurses at hand, there was much relief to be given to the patients. Nor should I forget, at this point, to say that the thorough training and complete organization of all this band of Canadian nurses was the admiration of us all. They had their working system under way almost before they had off their hats and cloaks after arriving on the scene of their duties.

On Wednesday, business hummed with us, and nobody can ever forget the energy shown by those in command in the hospital, offices and in the wards. From the 15th onward to our leaving Halifax we settled into a smooth road and never were seen men more willing to do their work. Dr. Murphy insisted on jumping out early one morning to deliver a woman of a husky male infant, whom he named and registered at once as Gilbert Elliott Boyd—one more instance of our esteem and affection for our commanding officer; O'Connor went out in the pitch darkness to treat a case of stone colic; Cox drove miles to see a woman afterward brought in for an enucleation; Stetson spent hours in helping Quartermaster's work, and in keeping equipment up to date; Ames, after doing his full hospital detail, asked for more at Camp Hill, and Stott did night duty more than once out of his turn.

Summing up our surgical work, we might say that a few major operations were performed, that much minor surgery was daily in demand for cuts from flying glass, that we had one case of tetanus, one of erysipelas, a bad compound fracture of the ankle, which bothered us a great deal, and many enucleations for ocular injuries. In one instance the sight of an eye was saved by a very clever removal of glass from the orbit by Dr. Woods, who came over from Bangor after we were on the spot. After the first drive of patients we settled down into ligating arteries for obstinate oozings of blood, treated cases of shock and one or two septic wounds, and the removal of troublesome, hidden and imbedded bits of glass, in which work, with the aid of local anesthetics, Dr. Garcelon was very successful.

Mention should be made of the modesty of many of the injured, who seemed to feel hurt that the surgeons should take so much pains to search for them in their homes or wherever they had found refuge. So, too, they were very grateful for all our services to them. Many of them in point of fact had to be hunted up, as they would not trouble

the kind doctors with small things as burns and cuts, and our men, it is needless to say, came in for their proper share of praise and grateful thanks from the people of Halifax, injured and unharmed together.

Saddest of all the cases that we saw were those of total blindness—some forty all told—mostly amongst children, and something grips your throat when small tots anxiously cry: "Mamma, mamma: can't see." Anyone hearing those pitiful cries will register a solemn vow that he never will hold back from any such call as that. The response made at that time at Halifax, from Maine and all the rest of the profession in New England, make us perpetually proud of our profession.

In quiet spells we thought over the problems of relief work after every great disaster, for the final arrangements at Halifax proved effective, but the lesson of the whole lay in not being ready at all for such a calamity. Talking it over, we concluded that a great and overwhelming disaster may occur in any community at any time, and that some sort of aid, well organized, may by immediate attention save many lives and reduce in number what might otherwise prove to be permanent injuries to life and limb. Relief work should be carried on under one head, but what organization will best do this is unknown. Observation suggests the Red Cross. The scope and abilities of State Committees of Public Safety remain yet an unknown quantity. Those that we have looked into offer good probabilities for future service. If each place had its committee, the chairman should be a dictator to whom the Red Cross should report, for with its national organization it would be ready to move quickly from one State to another. All outside organizations should be under the dictatorial rule of the Chairman of the Public Safety Committee, and have desks under the same roof with him, whilst the administrative committees and distributing departments should be in different districts of the town, all to be planned out beforehand and worked in proper connection. Another item for proper relief work lies in the utilization of the State Militia, which should in times of emergencies report to the Committee of Public Safety and be under the direction of its chairman.

In concluding this rambling series of notes concerning our share in the results of the disaster at Halifax, it may be said briefly that we spent more than a fortnight in the desolate city, when a permanent relief arrived, and leaving three of our men in charge, Bradford, of Rockland, Prentiss, of Waterville, and Ross, of Fairfield, who went to work straight away before we had left the doors of the hospital in our famous Cadillac, we then thought all the way home of our wonderful experience, the like of which we shall never see again, at least so we trust, as far as this nation is concerned. It was in every deed an experience well worth living for.

Necrology.

ERNEST ALBERT CRANSTON.

1860-1917.

After an illness of three weeks, Dr. Cranston, member of this Association, city physician of Calais, and coroner for Washington County for some years past, died in Calais on Friday, December 14, 1917. Born in Bennington, Vt., October 13, 1860, he was educated in the Vermont Academy and then at a business college in Troy, N. Y. About this time he became religiously inclined, studied theology, and was a successful preacher in Boston for about twelve years. Then he began to suffer from laryngeal difficulties, could no longer speak satisfactorily in public, and decided to devote the rest of his life to medicine. He studied zealously, obtained his degree at the College of Physicians and Surgeons in Boston about 1905, and immediately settled in Calais, where he practiced successfully for the remainder of his life. The fact of his public positions in that city speaks of his ability.

He married on December 11, 1889, Miss Etta Miner, of Calais, and is survived by her.

FRANK HERBERT GARDNER.

1853-1917.

Dr. Gardner, the son of Thomas Raymond and Lucinda Smith Gardner, was born at Corinna, Me., May 25, 1853, and obtained his medical degree at the Bowdoin Medical School in 1878, presenting a graduating thesis on "Scarlatina." He passed his medical life in moving to and fro from town to town in Maine. There are traces of him in Washburn and then in Fort Fairfield; from thence he removed to Harpswell and finally settled in the western part of Portland, near Morrill's Corner, about 1891, and practiced there the rest of his life. His accomplishments in the practice of medicine have been lost beyond recall, and personally he was known to but few of the profession, although for many years a member of the Association. He died suddenly on Sunday, October 7, 1917, after having been in poor health from time to time for several years.

He was twice married, first to Miss Maud Casey, and after her death, in 1882, to Miss Frances Carrell, who, with a daughter, Mrs. Susie Morrill, survives him.

J. A. S.

Increased Popularity of Electricity and Radium

Dear Doctor:

Both of these remedial agents have passed through the "novelty" stage and are now being used and endorsed by hundreds of medical men of unquestioned standing and ability. Electricity and Radium already have an important place in modern medical practice. But, without doubt, much is yet to be learned about their value in therapy.

Physicians should Qualify If these two modalities can do even a part of what is claimed of them, then physicians should qualify themselves by reading, investigation and installation of equipment to use them in their practice, when indicated. The physician's obligations to his clients, no less than his duty to himself, require this.

Commercial Uses of Electricity In addition to the many and varied uses for which physicians have found electricity of value in medical science, they are now employing it extensively for commercial purposes, such as electric vehicles, lighting and telephone systems for offices, homes, sanitariums, hospitals and public institutions.

As a Remedial Agent Radium is coming into use more and more by physicians, particularly in sanitariums and hospitals. In many internal, as well as external, conditions, Radium is recognized as an important therapeutic agent.

Discussion Invited The editorial staff of this Journal—your Journal—is in full sympathy with this movement, and invites frequent contributions in the way of case reports, discussions, and other clinical notes for publication. It is also hoped that arrangements can be made for having at least one paper on each of these subjects for our next, as well as subsequent, annual state meetings.

Clinical Data Available The more progressive manufacturers, some of whom are listed below, have rendered valuable service to the profession by collecting clinical data and publishing it in the form of reprints for free distribution to interested physicians. The reprints are, of course, in addition to their regular catalog literature, and may be obtained for the asking.

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VICTOR ELECTRIC CORPORATION

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Editorial Comment.

STATE DEPARTMENT OF HEALTH.

The JOURNAL has received from this newly founded department of medical work in Maine a bulletin containing an important notice to physicians and hospitals. Although every physician will have, by this time, received a copy, it is the business of the JOURNAL to repeat the sum and substance of the contents of this bulletin.

The Diagnostic Laboratory is now ready to make the following tests, free of charge, Wassermann, cancer, rabies from brains of animals, and of spinal fluid for infantile paralysis. Mulford's vaccines for various diseases will be available at about half the regular price, and typhoid vaccine will be free of charge. Salvarsan will be sold at \$1.50 each ampoule, payable in advance.

All boards of institutions must report EVERY case of venereal disease amongst their inmates, all births and deaths must be reported promptly to the local registrar, and all cases of notifiable diseases to the local Board of Health.

Physicians who desire the bulletin sent regularly should at once hand in a request to that effect.

OUR EXTRA ASSESSMENT FOR 1918.

At the annual meeting in June, it was voted that, in order to carry on the affairs of the Association successfully for the year and to make up for any possible deficit caused by the rebate of all assessments whatsoever against the names of those members who had been honorably enrolled in the medical service of the nation, the extra sum of \$2.00 each should be assessed upon the remaining members for the current year 1917-18, thus making the assessment this year \$4.00

instead of the usual \$2.00. In calling attention once more to this topic, the President emphasizes the fact that Secretary-Treasurers should not forget to put this extra assessment on the various bills in such a way that members shall understand that it is an extra assessment for this year only, and that it was legally voted at the annual meeting. The President also expresses the hope that every member will make this small sacrifice of the extra assessment gratefully, regretting only that, unlike those who have gone into the war wholeheartedly, they cannot enjoy that splendid pleasure themselves.

HEALTH INSURANCE.

Do not turn away from this because you are sick of the topic, but give to it your attention and learn that we are glad to note in the January number of the *New Jersey Medical Journal* continued opposition to health insurance, and that we are glad of such an opportunity to continue to urge upon every member of our Association careful study of this important question of public health. It cannot be too often insisted upon, and urged upon the attention of our members, that if we just sit back and object to its introduction into Maine, we are bound to be burdened with it in all its bad provisions, sooner or later. Therefore, in self defense, it is our business to discover a plan that shall be better for the people than any form of health insurance yet devised, and cheaper and more satisfactory for the State.

The question of its effect upon the profession is, of course, primary and all important, and absolutely essential in our eyes, but no arguments to that effect will be of any value in the eyes of politicians merely looking for votes. We must insist first, last and constantly upon this fact, that in our time the people of Maine are getting good medical service at hospitals, dispensaries, infirmaries and in the offices of physicians. If they are getting good service, at a fair price, and one which they are largely able to pay, is there any use of trying an experiment with the money of those very people who are satisfied, and with the money of the State and with that of the insurance corporations, just to see if they will get any better service? That is the point of view which we must hold before our legislators primarily. After that we can proceed to suggest that physicians will, as mere human people, do better work when they can do it in their own way and without the supervision of any officials, medical or political. A supervised physician will be hampered in his work just as a supervised lawyer or farmer or clergyman or merchant would be hampered in his.

Referring, again, to the *Journal* from New Jersey we note, as grateful contributions to the study of health insurance, the following suggestions made by their committee at the last annual meeting.

They objected that as physicians under the proposed law would get no more than \$2,000 a year, and many less, no well qualified men would take office. Nor should the laboring classes be thus imposed upon, by insuring them at a sum which would, on the whole, be much more yearly than they now pay for good medical services. Many corporations are now paying for the services of good physicians and skilled trained nurses, and to throw them all out of employment by any health insurance law would cause worse conditions of health than now prevail. It was urged that any law of this sort should insist on free choice of physicians, and if the patient were sent into a hospital, that freely chosen physician should attend to the patient there. If the law came into effect, it should contain a proviso that the list of physicians to be employed should be subject to examination by the State Medical Association, to keep out incompetents and men unskilled, and that the salaries should be of the average of the average physician of to-day. So, too, the medical profession ought to be largely represented on the governing board if the law is passed. This committee was of the opinion that health insurance, if at all prevailing, should be national, and advised to the New Jersey State Medical Association a permanent committee to study the proposed law, and to hire a secretary at a reasonable sum to collect all possible references and statistics, in order that the Association could act intelligently when the proper time for interference, opposition or suggestive legislation should arrive.

J. A. S.

COST OF STATE MEDICAL JOURNALS.

So much objection has been raised in the past against the continuance of our JOURNAL, on account of the cost, that it is now a good opportunity, on the arrival of a statement of the costs of another State medical journal (that of the *New Jersey Medical Journal*), to bring up this question once more as time moves along. The members of the New Jersey State Medical Society paid, each member, \$1.00 a copy for their State *Journal*, and in spite of that large sum, and an equally large sum received from advertisements, the actual cost from the treasury of the society was about \$200. We believe that we can say that our position in Maine, financially, is better than in New Jersey so far as the JOURNAL is concerned, for we furnish a copy free to 750 members, the cost to the treasury outside of advertisements is \$750, so that we are \$200 better off in Maine than our medical brethren in New Jersey for the year 1917. To be sure, New Jersey honors its editor with a salary, which from these figures it is plain that the Maine Medical Association can likewise afford, and ought to be glad to pay.

J. A. S.

BEWARE OF SWINDLERS.

No doubt you may have seen the several notices, under "General News," in the *Journal A. M. A.* in several recent issues, entitled "Once More a Warning." These refer to swindlers operating in different sections of the country, various letters having been received from victims in Ohio, Colorado and other widely separated States. Now comes a letter from the well-known publishing house of W. B. Saunders Co., of Philadelphia, saying a man under the name of E. T. Rogers, claiming to represent the University Progressive Club of Cincinnati for medical and other journals, has been victimizing physicians in Illinois; and the same subscription swindlers, or another under the name of Robert Wane, has been relieving physicians of their well-earned cash in the region of Gary, Ind. It is believed there is concerted action, perhaps by an organized band, being taken at this time of the year, to victimize physicians on so-called "subscription" schemes. Every physician should decline to pay any money, by check or otherwise, to subscription agents not personally known to him, or for whom other physicians cannot vouch. Many of these so-called agents operate under the guise of students "working their way through college."

BLUE PUS IN WOUNDS.

From foreign sources we learn that blue pus, so often recognized in open wounds as a complication likely to occur in healing, and generally regarded as of ill omen, may now be looked upon as a favorable sign than otherwise, for if we wait a bit improvement will oftentimes unexpectedly occur. Based on such observations, experiments have been lately made in war surgery of infecting sluggish and unhealthy looking wounds with the bacillus pyocyaneus, from which blue pus originates. Curiously enough it proved to be difficult to make the infection take. At first the wounds were merely touched with an emulsion of living organism, but later on other more vigorous methods, such as packing the wound with infected gauze, scratching the surface of the wound before infecting it, and inserting on to a wound a culture with a living medium. The results, however, were variable, but many showed so much improvement that further experiments in this direction seem advisable in hospital and war practice.

From this point of view it may be suggested that the much vaunted and novel antiseptic Flavine appears to have no effect upon the bacillus pyocyaneus.

SERIOUS RESULTS FOLLOWING THE USE OF LOCAL ANESTHETICS.

A committee of the American Medical Association is studying the causes of death or serious results from the widespread utilization of local anesthetics, and will be glad of contributions of every sort relating to this important topic in modern surgery. In studying the problem many items have to be considered, and it must be looked at from many points of view. Careful study will prove, for instance, how much trouble is due to oversensitiveness, or to increased susceptibility. We shall learn how to treat emergencies, what solutions produce the dangers, what produce the best results, what are toxic, what are the best antidotes, and whether the bad results depend on cutaneous, subcutaneous, intramuscular, or intravenous use.

Instances of serious troubles following this form of anesthesia are rarely reported for fear that surgeons will be blamed for using it at all. Moreover, the symptoms in man differ from those produced in animals, even with toxic doses, so that all cases of untoward action ought to be reported and compared, in order that we may use properly and safely this most valuable means of reducing suffering and saving patients from the undeniable risks of general anesthesia.

It seems to the annotator that some cases of collapse after local anesthesia are due solely to fear; just as we note collapse after the instillation of even a single drop of a weak cocain solution into an eye before an operation. Nor should we forget—and this is something that surgeons rarely consider—that a patient, being in full possession of his senses, may see the approach of a knife to perform the operation and so collapse from dread. This does not, of course, account for death under local anesthesia, but it suggests a study of this method from a new point of view.

All surgeons in Maine having experience in the direction of the title of this paper will add to surgical advances by communicating their material, confidentially, to Dr. R. A. Hatcher, of the committee of the A. M. A., 414 East 26th Street, New York.

THIS REFERS TO YOU.

This JOURNAL has been published, with more or less success, for seven years as a magazine, to try to hold together the members of the Maine Medical Association. In all that time the editors have in vain tried to obtain from members a sufficient number of case reports. It is an enormous task to print this JOURNAL, and difficult to do it without meeting the criticism that it contains little that is practical.

Every member, however, ought to understand, of his own intuition, that the case reports of the editors are likely to run in one direction, and that is of their specialties. In order to avoid such a mistake no special case reports have ever been printed. For that reason, also, members who are not specialists, but good practitioners of medicine, ought to feel it a duty to help out other members by telling them in plain common-sense terms what they are doing for a living in medicine and how they do it with success. Every member attending a county meeting ought to be able to write out his case reports in precisely the same words as he speaks them out in meeting. If this were done—and it would take ten minutes to a page, and not more than once in a whole year in the case of most members—the columns of this JOURNAL would be enriched with local experience, and readers would be pleased with news from home. The editors of the JOURNAL can copy case reports from other medical journals, but what is the use of doing that when so many members are reading those very same journals as they circulate. Why, too, should this JOURNAL be nothing more than a cheap mirror, reflecting no better knowledge of medical practice from physicians in other States than obtains in Maine.

This refers to you.

Correspondence.

To the President and Secretary of the County Medical Associations:

As there seems to be some misunderstanding concerning the amount of dues to the State Association, I wish to inform you that it was voted at the last meeting, in June, to remit the dues of all members entering military service and make up the deficiency by increasing those of other members to *four dollars*, so in sending out your bills for this year please note the change and state the reason to your members. I am enclosing blanks, which should be filled out with the names of those who have paid their dues for this year. The dues must be collected and these blanks returned to me by April first, with *four dollars* for each member not in military service. Please note on the lists the military members. Your membership in the State Association depends on your getting the lists and the dues to me on time.

We are planning to hold our State meeting in Portland, as usual, and expect to have an interesting program and a good time. Urge all your members to come. Send me as soon as possible the names of

your delegates. If any are in service, appoint others who can and will be present. There will be important business to transact and you should be represented. Also send me the list of your officers for this year.

Very truly,

BERTRAM L. BRYANT,
Secretary and Treasurer State Association,
Bangor, Maine.

February 1, 1918.

**TO THE MEDICAL SECTION OF THE STATE COMMITTEE OF
THE COUNCIL OF NATIONAL DEFENCE.**

As President of the Association my attention has been called to the furtherance of the Owen and Dyer bills for creating advanced rank for officers of the Medical Corps. According to present laws the ranks for officers of the Medical Reserve Corps are First Lieutenant, Captain and Major. According to the new bills above mentioned, additional ranks to be given are Lieutenant Colonel, Colonel, Brigadier and Major General. The idea and essential of these proposed bills is that a recommendation for the health and efficiency of the Army given by a medical officer to a line officer of superior rank fails to carry the weight necessary for so important a recommendation. This has been often shown in times of peace, and has in times of war become responsible for the present demand for advanced rank. The regular Medical Corps now on active duty numbers 775, whilst that of the Medical Reserve Corps is 12,855. Physicians of the highest standing in the profession are now in military duty with the rank only of Major, and the Army is losing the benefit of their long experience and great knowledge because of lack of power to enforce their recommendations. The advanced rank as now proposed carries with it the power needed.

The benefit of this patriotic service will be increased by early passage of these bills, and all physicians remaining at home are urged to communicate with their Senators or Representatives, either by letter or, better still, by telegraphic "Night Letter" service, giving them the benefit of their experience and advice.

I shall also be glad, if any meetings of County Societies occur at this time, if their President will call to the attention of the members present the suggestions offered herewith concerning the passage of these two important bills.

JAMES A. SPALDING, *President.*

Military Notes.

Capt. Harold Crane, of Bangor, has received orders and has gone to Fort Oglethorpe, Ga., for training.

Capt. Walter E. Whitney, of Bangor, has received orders to proceed to Philadelphia for instruction in brain surgery.

Lieut. Allen Woodcock, of Bangor, has been ordered for duty in a base hospital at Fort Sill, Oklahoma.

Capt. Norman R. Cook, of Brooks, has recently visited the camps at Ayer, Fort Williams and Fort Preble and is now waiting orders.

Lieut. Harry L. Kilgore, of Belfast, recently left for Fort Oglethorpe, Ga., for active duty.

Lieut. S. S. Mullen, of Bath, has received orders for active service and is now at Fort Oglethorpe.

Capt. J. H. Murphy, of Dexter, left February 6th for active service at Fort Du Pont, Del.

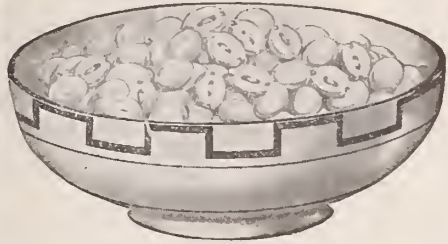
Lieut. H. E. E. Stevens, of Lewiston, left January 23rd for Fort Oglethorpe.

County News and Notes.

HANCOCK.

HANCOCK COUNTY MEDICAL SOCIETY.

The annual meeting of the Hancock County Medical Society was held at the office of Dr. R. G. Higgins, Bar Harbor, Wednesday, Dec. 19, 1917. The following officers were elected to serve during 1918:



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All Food Cells Exploded

Prof. Anderson's process by which Puffed Grains are made is this:

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**and Corn Puffs
All Steam-Exploded**

President, Dr. Geo. A. Phillips, Bar Harbor.

Vice-President, Dr. H. L. D. Woodruff, Ellsworth.

Secretary and Treasurer, Dr. G. A. Neal, Southwest Harbor.

Delegate to State Convention, Dr. Lewis Hodgkins, Ellsworth.

Dr. Worth, of Corinth, gave an interesting discourse on "The Diagnosis of Smallpox."

Members present were Dr. G. A. Phillips, Dr. R. G. Higgins, Dr. C. C. Morrison, Dr. J. H. Patten, Dr. Geo. Hagerthy, of Bar Harbor; Dr. H. L. D. Woodruff, Dr. Lewis Hodgkins, Dr. Arthur Parcher, of Ellsworth; Dr. G. A. Neal and Dr. J. D. Phillips, of Southwest Harbor.

Members of the Board of Health of Bar Harbor were present.

Hancock County Medical Society is represented in the U. S. military service by Dr. E. J. Morrison and Dr. R. W. Wakefield, of Bar Harbor; Dr. Chas. Underhill, of Franklin; Dr. R. V. N. Bliss, of Bluehill; Dr. Arthur Parcher, of Ellsworth.

G. A. NEAL, *Secretary*.

CUMBERLAND.

CUMBERLAND COUNTY MEDICAL SOCIETY.

The regular meeting of the Cumberland County Medical Society was held February 8th, at the Congress Square Hotel.

The records were read and approved.

The president, Dr. Chas. B. Sylvester, brought up the matter of remitting \$2.00 county dues to men in the service of the United States. Dr. J. F. Thompson moved that the entire dues of all members commissioned before April 1, 1918, be remitted, and it was so voted.

Dr. J. F. Thompson read from *Surgery, Gynecology and Obstetrics* a paper upon Dichloramin-T, showing its rapidity of action as a germicide to be eight times that of Dakin's solution, and that the newer product is effective in solutions of from 1½% up to 20%. He also read a report that a 20% solution of Dichloramin-T is effective for eighteen hours, that it had been used satisfactorily for five months on 8,000 cases, and that it was 60% stronger than iodine. Wounds were closed after covering with oily solution. There is no effect on catgut and no secondary hemorrhages.

Dr. W. D. Williamson reported a case with great emaciation, cough and temperature. Wassermann 3 plus positive, sputum negative. Some months after use of salvarsan, the woman was unrecognizable on account of improvement. His second case was

a woman of 53 who had been flowing for two years before consulting him. Examination showed pelvis full of malignant growth and fibroids. Six months ago she improved after curetting, but died a month since. Dr. Williamson urged careful examination when history of flowing is given. In her last days enormous doses of chloral, 120-240 grains, intravenously was the only thing which produced any comfort. Morphine of no avail.

Dr. H. S. Emery told of a woman of 28 who at fourth month of pregnancy showed sugar in urine. Six months after labor urine was sugar free. In a few months a 3% sugar returned with all symptoms. In ten days urine showed large diacetic acid content, but no sugar. Rectum

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The result is a flavory dainty, welcome every morning.

Not so efficient as clear bran, perhaps, if people will eat clear bran. But they quit it, as you know.

Pettijohn's is something they don't quit. With Pettijohn's Flour it supplies a bran food for every meal, if wanted.

We made Pettijohn's to please our doctor friends. And thousands of other doctors have come to recommend it. It is certainly the most popular bran food made.

Pettijohn's

Rolled Wheat with Bran Flakes

Soft, flavory wheat rolled into luscious flakes, hiding 25 per cent of unground bran. A famous breakfast dainty.

Pettijohn's Flour is 75 per cent fine patent flour mixed with 25 per cent tender bran flakes. To be used like Graham flour in any recipe; but better, because the bran is unground.

The Quaker Oats Company

Chicago

(1754)

was impacted and patient seemed about to go into coma. Improvement followed. Dr. Emery's second case was an epileptic with first major seizure at 23 years of age, one or two a day; three years ago he had one a month. Operated upon by Dr. Reed, of Cincinnati. After patient's return home his seizures came once in two months and now once in three months and minor in character.

Dr. F. W. Lamb showed a number of interesting skiagrams, illustrating many conditions of the hollow abdominal viscera.

Considerable discussion by the members present followed the several reports of cases.

After a favorable report by the Board of Censors, Dr. Waldo T. Skillin, of South Portland, and Dr. W. S. Walsh, of West Pownal, were elected to membership.

Adjourned.

H. A. PINGREE, *Secretary*.

PORTLAND MEDICAL CLUB.

The monthly meeting of the Portland Medical Club was held on the evening of January 3rd, at the Columbia Hotel parlors, with sixteen members present. The meeting was called to order at 8.25 by President Gehring.

Drs. J. C. Oram and Jacob Melnick were elected to membership.

An interesting letter from Dr. P. P. Thompson, in U. S. service, was read by Dr. Benjamin Foster.

The paper of the evening, "The Early Diagnosis of Syphilis," was read by Dr. Benjamin Foster. The paper dealt with a brief history of syphilis and the methods used in diagnosis to-day, special attention being paid to the use of smears from moist sores under the dark field of the microscope. Several interesting cases were given. A free discussion followed.

The meeting adjourned at 10.45.

DEFOREST WEEKS, *Secretary*.

PENOBSCOT.

PENOBSCOT COUNTY MEDICAL ASSOCIATION.

The January meeting of the Penobscot County Medical Association was held at the Bangor House on Tuesday evening, January 15th.

After the supper Dr. Harrison J. Hunt, of Bangor, surgeon to the MacMillan expedition in the Arctic, gave a very interesting talk on his experiences in the hunt for Crocker land.

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*THE CASE OF DR. COOLIDGE, OF WATERVILLE, ME., 1847-49.

BY DR. JAMES A. SPALDING, PORTLAND, MAINE.

Somewhere about 8.00 o'clock on Friday morning, October 1, 1847, a laborer was walking by the shop of Mr. David Shorey, the tailor, on Main Street, Waterville, when he noticed, in the slightly opened bulk-head beneath it, the protruding foot of a man. He went to the bulk-head, felt of the foot and leg, and called out to Mr. Shorey that there was a dead man in his cellar. At this news Mr. Shorey and his work people, men and women, flocked out, and in almost a second as many as thirty people were crowding about trying to open the cellar door. One of the bystanders, Dr. Hall Chase†, said to another, Mr. John

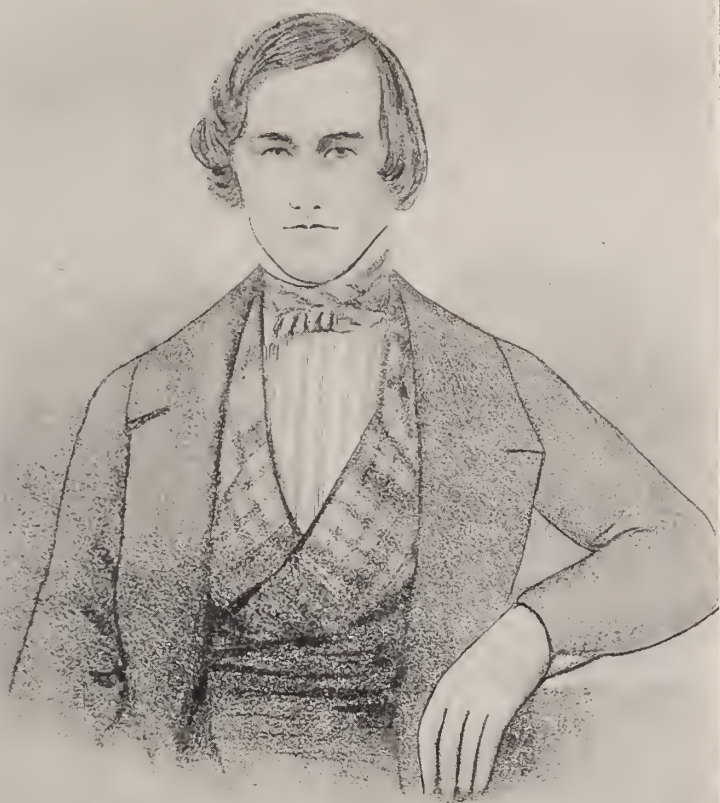
* At the last meeting of the Association it was voted that an account of this very extraordinary case should be printed during the year in the columns of the JOURNAL. In obedience to this vote the editors are offering to their readers a carefully written history of the murder and of the reported appearance after death at Thomaston, giving in an unprejudiced form both sides of the story. Naturally, physicians will side with physicians, and especially with our famous president, Dr. B. F. Buxton, who performed the post mortem on a person whom he always declared was no other than the deceased murderer. We trust that a careful reading of the paper will interest our members fully as much as the reading of their regular monthly, purely medical paper. Variety is the spice of life; in fact, it might be called its allspice.

† Dr. Chase (1791-1852), Uncle of Dr. Seth Chase Gordon, of Portland, was born in Fryeburg, obtained an honorary degree from Bowdoin, and practiced from 1815 until the end of his life in Waterville, where he was held in high esteem.

Hasty, "Why don't you go in under Phillips' hat shop and see if you cannot open the door from the inside?" Mr. Hasty did as requested and was soon heard from behind the door saying: "The man is dead, but his body is so rigid that I cannot move the door. I will bring him around as I came." This he did, with help from others and blood was wiped from the face and froth from the mouth. Dr. Chase pronounced the man dead, and pointed to cuts in the scalp and finger marks on the throat. The body was identified by means of a finger ring, set with a miniature of his mother, as that of Edward Mathews, a well-known personage of Waterville. At the further suggestion of Dr. Chase, the murdered man was laid out on a board and mournfully carried to the hall attached to the Williams' Hotel. The sheriff was notified, business was suspended, word was sent far and wide and every effort made to trace the murderer. Whilst the body is now lying ready for view by the coroner's jury, a few words concerning the victim may here find place.

"Ed" Mathews, as he was universally called, belonged to a well-known Waterville family, was at this time about twenty-two years of age, of light complexion, with tow-colored hair, and a round face covered with down. He was easy going, liked to gamble a bit, would not refuse a drink, and passed a pleasant word with everybody. His mother was still living, and he was looked upon as the spoiled child of the town. His brother, William Mathews, was publisher of the *Yankee Blade*, of Boston, a gem of literature, folded in the middle with a love story on the front, an adventure on the rear, whilst the middle pages contained smart sayings just like a yankee blade, keen and clean. Ed. Mathews had been working on this paper for some time previous, but preferring the country, he had just gone into partnership in a country store with Philander Soule in the town of Clinton. He had returned on Saturday, September 25th, from a cattle selling trip at Brighton, near Boston, and brought with him some \$2,000, which he had at once deposited in the Ticonic Bank in Waterville. The last seen of him was on the night of Thursday, September 30th, when, after getting a good shine on his shoes, he set off down Main Street. Here now he lay dead, robbed of whatever money he had pinned in his trouser's pocket, for the breast-pin, which he had used for that purpose, was still in place in a part of the pocket, whilst a cut on the thigh showed that the rest had been cut off rudely and the contents removed.

In the course of the morning, Mr. Eben Shaw, the coroner, named three physicians to make a post-mortem examination, Stephen Thayer, Samuel Plaistead and Valorus Perry Coolidge. I annotate these men briefly. Stephen Thayer (1783-1852), father of Dr. Frederick Charles



C. P. Coolidge

Thayer of today, studied with the famous Reuben Dimond Muzzey, of Dartmouth Medical School fame, practiced with a license from the Massachusetts Medical Society, settled in Waterville about 1835, and labored there the rest of his life. Dr. Samuel Plaistead (1801-1862), was graduated from Brown in 1821, from the Medical School of Maine in 1828, and established himself in Waterville, where he was regarded as a sound medical adviser. In later life he went into banking and paper making and added to his fortune. Dr. Coolidge* was born in Canton about 1822, studied Latin and medicine with his uncle, Dr. Cyrus Holland Coolidge, of Buckfield and Canton Point, and after teaching school he obtained his degree at the Dartmouth Medical School in 1844. He settled in Waterville, where he became very popular, had a suite of rooms over the shop of Mr. Shorey, boarded at the Williams' Hotel, and had three students in his office. He was tall, rather thin, weighed barely over 150, had black, piercing eyes, black, heavy hair thrown over to one side, and a very white face. He was the best dressed man in town, favoring a tall white hat when the season served, a long frock coat, fancy waistcoat and black trousers. His manners were rather free and breezy, women liked him, and on the sly it was said that he drank a bit and swore profusely.

Although these three physicians were the only ones sworn for the examination, others interested in the crime were moving about in the hall. Among these I note Dr. J. F. Noyes (1816-1896), who practiced in Waterville, then in Cincinnati, once more in Waterville, and finally in his 57th year he went to Detroit, Michigan, where for several years he had a great reputation as an oculist and aurist. Next we see Prof. Justin Ralph Loomis (1810-1898), who examined the stomach contents. Graduating from Brown in 1835, he was professor of chemistry at Colby until 1852, when he went to Lewisburg University (now Bucknell), Pennsylvania, where he was a professor and president many years. Another interested observer was Dr. Nathaniel Rogers Boutelle (1821-1890), who practiced long in Waterville and stood high in the list of Maine's distinguished physicians. He it was who, from smelling the bottle containing the stomach contents, first suspected the presence of prussic acid, and urged a test for its presence. Finally some medical students, Barker, Chandler, and Thomas Flint, of whom we shall hear much, flitted in and out as the examination proceeded.

After Dr. Thayer and Dr. Plaistead had viewed the body, it was suggested that, as Dr. Coolidge was the best dissector, he should make

* Not long since I met a lady who went to school to Dr. Coolidge, and she told me that he was a good teacher, kind to children, very handsome and exceedingly well dressed.

the incisions. He assented blithely, and sent Mr. Flint, his student, for the instruments. When they were handed in, Dr. Coolidge proceeded to do what was needed, and when the stomach was removed he smelt of the contents, suggested that they were strong of brandy, and remarked that as the food was half digested Mathews must have been murdered about two hours after his last meal. He could see no need of keeping the stomach contents, as there was nothing there but food and brandy, but the other physicians replied that a chemical examination would do no harm. So they were placed in a large bowl, locked in an ice chest, and then passed to Prof. Loomis, who stored them with Dr. Boutelle until the examination could be made. Mr. Flint sutured the incisions. Dr. Coolidge again said that he did not believe any cause of death could be found in the stomach, pointed with his scalpel at the injuries of the scalp with an underlying fracture of the skull, and said: "That is enough to kill anybody." A cursory examination of the cut on the thigh proved that it could not be regarded as a cause of death. The physicians agreed on "Death from Fracture of the skull," and left a space on their report for inserting the results of the chemical examination.

A second examination, in the absence of Dr. Coolidge, was made on Sunday, October 3, when the intestines and brain were removed. As the stomach offered signs of a corrosive poison, and the brain gave off an odor of prussic acid, explicit directions were given for its possible discovery.

Whilst the first examination was progressing on Friday, witnesses were called by the coroner to show that Mathews had come home with much money on Saturday, the 25th, that he had put it in the bank, that he took it out on Thursday, that he said he had called on Dr. Coolidge in the afternoon, and was going there again in the evening.

Dr. Coolidge, when called to testify, acknowledged that Mathews had called on him on Wednesday to endorse a note for \$2,000, but that he had refused. "He came again Thursday afternoon, had a drink out of his own brandy bottle, and asked for a loan of \$200, which I said I would think of. He dropped in Thursday night, I let him have the \$200, and I charged it on my books as a loan. He then unrolled a large sum of money, added to it the \$200 which I had let him have, and said: 'I am ready for them now,' went down and out and joined two men in long cloaks whom I could not recognize. I never saw Mathews again alive."

Thomas Flint, and Edward Getchell, the office boy, were also examined at great length, but they knew nothing of the affair. The

two men in cloaks were discovered and closely questioned, as well as a Mr. Hill, who had been seen late at night near Shorey's shop, and who had left town very early the next day, but they all came off clear of suspicion.

The coroner's jury brought in a verdict of murder by persons unknown.

It gradually leaked out in the town that Dr. Coolidge had been borrowing money freely, that a man had seen Mathews reading a note in the handwriting of Dr. Coolidge, insisting on an appointment at his office for the night of the 30th, and that this physician was speculating in western lands. Pushed on by public opinion, the Selectmen searched the office of Dr. Coolidge, but found only a blood stain, which might have come, as was claimed, from dressing a patient's finger. The office hatchet was also clean. The books showed that the \$200 loan had not been charged at the time of the visit, but tucked away in other charges opened on the day afterward. The suspected man began to act queerly. He was watched going in the direction of an old shed, and beneath its floor were found some loose bills. The watch of the murdered man was found in an old unused sleigh of Dr. Coolidge's under the roof of an outbuilding. When he heard that Prof. Loomis was hunting for prussic acid, he laughed and said: "He don't know chemistry. That acid is hard to find. It ought to have been looked for at once and not three days after the post mortem. I will give \$10 toward sending his specimens down to Brunswick to get a decent test." On visiting his patients he said: "What do you think now! They say I murdered Mathews for his money. I have plenty of money, and I didn't need his. I do a business of \$20 a day, and I have got \$15,000 good charges on my books this very day."

Dr. Coolidge, it is true, kept a stiff upper lip for a week, but his student, Thomas Flint, began to trip in his stories, contradicted his statements, and finally sent home for his father, Hon. William Flint, of North Anson, and made to him a full confession of the state of affairs, as shall be told in the account of the trial. To bring suspicion to a climax, Prof. Loomis announced on the 8th of October his discovery of prussic acid in the stomach, a druggist from Hallowell informed the sheriff that Dr. Coolidge had bought prussic acid a few days before the murder, and Dr. Coolidge was arrested, carried to Augusta, brought before the Grand Jury, and on Monday, the 18th, held without bail for trial for murder at the Spring Term of the Supreme Court for Kennebec County in 1848.

The trial began as appointed before Chief Justice Whitman* and Associate Justices Ether Shepley and Samuel Wells. A fourth member of the court was expected but could not come. The presence of the full bench attests to the importance attached to this trial. Hon. Samuel Blake, of Bangor, was Attorney General for the State and was assisted by Hon. Lot Morrill, whom we all remember as a famous man. The defence was conducted by George Evans, one of the eloquent lights of the bar, Representative and Senator from Maine, and by Edward Noyes, of Waterville, a shining light of Kennebec County.

The trial opened March 14, 1848, in the County Court room at Augusta, but it was in a few minutes so crowded that adjournment was made to the church of the Rev. Mr. Tappan, capable of holding 1,500 people, but that was also crowded every day. The instant that the doors opened a multitude of people crushed against one another in an effort to obtain entrance. Daily, as many as a thousand persons waited outside hoping for a chance at the recess. Much drunkenness prevailed outside, and pickpockets abounded.

As the details of the post mortem examination, so jauntily made by the prisoner, came out, open threats against his life were uttered, but, exquisitely dressed, he sat in the dock unabashed, steadily facing the threatening bystanders day by day.

After a jury had been obtained, Mr. Morrill opened for the State, and proposed to prove that Mathews had left the Parker House at 8.00 P. M., September 30, 1847, and had been found dead the next morning—dead beyond recognition except by a ring. There were marks of blows on the skull from a stick of wood or a hatchet, and of fingers on the throat. The motive for the cruel deed was need of money, the alleged murderer having on the day before offered \$400 for the use of \$2,000 for four months. On the day of the murder the prisoner had furthermore negotiated with Mathews for \$1,500, promising to pay \$400 for a few days' use of that sum. The murderer had every reason to believe that his victim had upon his person \$1,500, removed from the bank that afternoon. Proof would be given that the prisoner had obtained strong prussic acid from Boston and Hallowell just before the murder, although he then had on hand enough of the diluted acid for the needs of any physician. It would be shown that the prisoner

* Ezekiel Whitman was now about 73 and had practiced law in Portland for many years. He retired soon after this trial, and was succeeded by Ether Shepley, also of Portland, U. S. District Attorney for Maine, U. S. Senator and Chief Justice for seven years. Personally this trial is attractive to me, since Mr. Justice Shepley was grandfather of Mrs. Spalding. Samuel Wells was also a fine figure on the bench of Maine and became Chief Justice in time.

had an engagement with Mathews for that very evening, that Mathews was seen going in the direction of his office, that the office boy and the students had been sent home, "as somebody was coming to talk about a subject," and finally, that the shop below the office was closed for the night. It would likewise appear that the deceased had drank from a private brandy bottle in the prisoner's office in the afternoon and it would seem clear that he had a similar chance in the evening to drink from the same bottle, which had in the meanwhile, been doped with prussic acid, so that after drinking from it he fell dead. Of that private bottle no trace could be found. Why had it been destroyed? It would be proved that the prisoner knew that the deceased had brought money home, that he had been overheard negotiating a loan, that a note of his making an appointment for the hour of the murder had been seen, that he denied borrowing of anybody, yet directly after the murder he went about trying to induce his creditors to say that he had not borrowed of them, and finally, that when prussic acid was suspected in the stomach the container of that poison had disappeared. The State would next show that about 9.00 the same evening the prisoner called his student Flint from the hotel to the office, where he was told by the prisoner that Mathews had dropped dead in a fit, and that he had felt compelled in self-defence to thump him on the head, to try to show, when the body was discovered, that Mathews had been killed in the office during his absence. This witness would also tell of hidden money, of the incriminating bottles, and of the plan to throw the body into the river. Finally, stress would be laid on the behavior of the prisoner at the post mortem examination, where he had tried to get rid of the stomach contents as of no value as a clue, and had craftily and repeatedly emphasized the fracture of the skull as the only cause of death.

After a brief recess, Mr. Shorey, the tailor, testified of the stairs leading from Dr. Coolidge's office through the back of his shop and down into the cellar, where the prisoner had free access to wood and drugs. There were, however, no traces of anybody having been dragged through the shop on the cellar stairs.

Mr. Hasty described the finding and bringing up of the body, and Dr. Plaistead told of the post mortem examination, and of the leading part which the prisoner took in decrying the stomach contents, and exaggerating the injury of the skull. Prof. Loomis told of the care used in guarding the stomach contents, and of the tests which showed prussic acid. The cross examination was very severe, especially as to neglect in guarding the stomach contents, and the insufficiency of the chemical tests.

He was followed by Dr. John Hubbard* of Hallowell, who testified concerning prussic acid, and to the fact that Dr. Coolidge owned more dangerous drugs than any physician whom he knew. Dr. Noyes continued in the same direction, as did Dr. Hiram Hovey Hill, of Augusta†.

Several people in and around Waterville now followed one another and testified that the prisoner owed them considerable sums of money, which, when collated, proved to amount to more than \$1,000. There was also a tailor's bill due of more than \$200, which would account for the prisoner's fine appearance. It was generally understood that the prisoner paid 12% for the use of money, but that in order to avoid the appearance of paying usury, he would now and then hand to his creditor a bill, and ask to have it charged on account. In order to keep his borrowing secret, he would remark: "If anybody asks you what you came to the office for, just say that you wanted me to test your lungs."

Eben Shaw, the coroner, swore to the cut pocket, and to finding money in a wood pile near which the prisoner had been standing, and Joseph Nudd, a deputy, testified that the loan of \$200 alleged as made to Mathews was entered a day after the murder, and was plainly an afterthought on the part of the prisoner, and that after examining the prisoner's books he had discovered barely \$1,500 worth of collectible debts.

Three important witnesses, all druggists, testified to the purchase of prussic acid on the 16th and 19th of September, and Mr. Phillips, when calling on Dr. Coolidge for a brace, was shown a bottle which the prisoner said contained a deadly poison, a drop or two of which would kill in a minute.

The cashier of the bank said that a \$100 bill which had been traced to the prisoner was on the same bank in Rhode Island as a number of similar bills which he had given Ed Mathews on September 30th in discounting his note for \$1,500. Another witness went with Mathews to the bank and saw him pin the \$1,500 so received into a trouser's pocket with a breast pin. This same man added that on that same evening he had read over the shoulder of Mathews a note in the hand-

* Dr. Hubbard (1794-1869), a celebrated physician and Governor of Maine, was graduated at Dartmouth in 1816, obtained his degree of medicine in 1822, and practiced in Virginia for a few years. He went to Hallowell in 1830, and became a famous citizen, physician and politician, of whom Maine remains forever proud.

† Dr. Hill (1810-1889) practiced more than 53 years in Augusta, and died after a slight fall during a visit to a patient. He was a great diagnostician, and daily related an enormous fund of vigorous, homely stories, unexcelled for public health instruction. Unfortunately they do not bear the light of publication.

writing of the prisoner, and that it said: "Come to the office this evening and arrange that business, but reveal it not on your life. V. P. Coolidge." "I then," added this witness, "understood Mathews to say: 'It is about time for me to be going to the doctor's office.'"

The story was taken a step farther by Mr. Simpson, who saw Mathews as he was leaving the hotel, noticed how shiny his shoes were, and following him to the door, saw him set off toward the office of Dr. Coolidge.

The office boy, Getchell, thought that the hatchet which the Selectmen had looked at when searching the office did not look like the one there before, and when he came down in the morning after the murder he found an unusual fire already burning briskly.

The star witness, Thomas Flint*, now appeared with this remarkable tale: "After making a call for Dr. Coolidge in Clinton, on the afternoon of September 30th, I came home, got my supper, and went to the office, where Dr. Coolidge began to talk about a subject for dissection. He repeated, as I had often heard him say before, that when he got track of a subject he was hell on it till he had it in hand. He said that a man was coming to talk about one, and that I must leave before he came. Whilst we were talking about this there was a knock at the door and somebody came in, but I did not see who it was, so I went off at once to the hotel, where I played backgammon until about 9.00, when Dr. Coolidge put his head in the door and said: 'See here, Flint, I want you at the office at once.' When I got there he said: 'I am going to reveal to you a secret which involves my life. That cursed Ed Mathews came in and drank a glass of brandy, and then dropped dead. He is in the other room. I thumped him on the head to make people think that he had been murdered by somebody outside.' We then talked over what we should do with the body, watch and money, he favoring to throw all into the river, and I objecting because it was so light that we should be seen. I proposed the cellar, but he feared it would be found right off. I said it would be, anyway. I then went into the room, saw the rigid body, and with him I carried it down two flights of stairs into the cellar, and pushed it in behind the bulkhead door. When we got back, I threw into the fire some bloody cloths upon which the head had been resting. He said he was off to bed, for an early case at Skowhegan. I said, 'Let it come out of itself and take the chances. I went to the hotel, came back very early in the morning, went down cellar to see if the body showed anywhere, scraped up some blood on the carpet and made things presentable.

* Young Flint obtained a medical degree at Jefferson Medical College in 1849, practiced a while in North Anson and then went West.

"I saw Dr. Coolidge when he charged the \$200 to Mathews on the day after the murder, and as he was going to the post mortem examination he handed me a big roll of bills, which he did not want to be found with there, and I put part of it under a wood pile and part in a chink behind a door. He gave me a letter to burn*, but I only tore it into bits and scattered it along the roadside. Later on, he showed me under the carpet \$1,000, which he hid in a jar, and finally burnt in the office stove. By and by he began to 'take on' at such a rate that we feared he would suicide, so we sent for Dr. Thayer, who quieted him. He slept with me that night, and two nights running, or we tried to sleep, but we kept talking of the murder all night long, and he implored me to keep silent, which I repeatedly promised for former esteem of him. He next day transferred all of his property to me and induced me to empty the brandy bottle and the prussic acid bottles also. After the Selectmen searched the office, and Esquire Noyes discovered that he had transferred his property to me, Dr. Coolidge went into hysterics again and we feared for his life. When public suspicion became so powerful, I could bear it no longer, so I sent for my father and told the truth, as I am now telling it in the court."

The cross examination of this witness was very severe, but he came out of it favorably.

"We took the body down the two flights in pitch darkness, Dr. Coolidge ahead at some times, and I at others. As we groped along I saw absolutely nothing. I hit my head against a beam, and the body hit against some obstructions. We finally placed it where it was found. We did not take it down in a sack. We heard nothing and we saw nothing on the way down or up, except the creaking of the gate of General Fairfield's fence as it swayed in the wind."†

Being urged to say whether the brandy bottle alleged to be poisoned was full or not, he could not say. The defence here wanted to discover if much had been taken out of it.

Mr. Flint acknowledged many times that he had told different stories concerning the affair to different people, but he was doing his best to try to shield his kind teacher from the consequences of what might have been an accidental crime. He granted that for conscience's sake he was finally compelled to send for his father, to whom he told the truth.

Prof. Champlin (later president of Colby), next testified that when he had asked Dr. Coolidge for money for the college he had re-

* This was probably the note in which Mathews was urged to come to see Dr. Coolidge.

† What a tragic touch, that creaking amidst the silence of the night!

plied that money was scarce, but that he expected some soon, and would not forget the college. He was also planning for France, but would thank the professor to say nothing about that. Another witness testified that he talked with the prisoner a week after the murder and asked him if the chemical analysis was finished. He was surprised that the stomach contents had been kept, and said that nothing of any value could be obtained at so late a date.

After five days for the State, the defence opened on Saturday with Mr. Noyes, saying that a man would be a fool to try to kill another in so public a place as a physician's office, open to any comer, night or day, and with people owning keys to the front stairway. Death may have been in this case accidental, from mistaking the bottle. The tests for poison amounted to nothing, owing to the time lost between the removal of the stomach contents and the examinations. Who could prove that the stomach contents had not been tampered with! Who knew just what stuff had been examined, anyway! There was no odor of prussic acid when the body was opened, and the odor from the brain, two days later, was an afterthought. Everybody knew that the prisoner had plenty of money, that his credit was good, and as for the watch found in the prisoner's sleigh, that was *FOR* him, rather than against him, for he never would have placed that incriminating thing there himself. So, too, the money in the wood pile had nothing to do with his passing through a shed, where he went in and out a dozen times a day to see to his horses. Now as to the taking of the body downstairs in the dark, he had no belief in it, because it could not have been carried through the tailor shop without disturbing materials hanging on racks. Yet everything was in perfect order the next morning. Finally, Flint, on whom the prosecution rested wholly for proof, had lied before the coroner's jury, or he was lying now before this court. Let the jury decide which.

Witnesses were now called who testified that Flint had repeatedly said that the body had been taken down in a sack, or that he knew nothing at all about the murder, and that he could not understand why they should keep nagging him about it all the time. Others tried to throw the blame of the poisoning on young Flint, who had said that he had bought the prussic acid for his own experiments, or that it was accidental, after all. Two men testified that they had seen Mathews at Gardiner the night before his arrival home, playing cards with a stranger, the idea of this testimony being to suggest that that man may have followed Mathews home and killed him for his money. Another man said that when he was in Gardiner Mathews had shown him a big roll of money. In conclusion, witnesses testified that at the time when

Flint had sworn that the prisoner had called him out of the hotel, they had seen Dr. Coolidge walking near the river.

In rebuttal, Mr. Soule, the partner of Mathews, testified that Dr. Coolidge was first suspected when he was heard offering to bet that "they will never find any prussic acid in that body."

The closing speech for the defence was made by Mr. Evans, and overflowed with eloquence and vituperation against Mr. Flint. The argument was that the chemical tests were slowly, painfully and inaccurately performed by Prof. Loomis, owing to his total lack of experience. Upon them no reliance should be placed. The stomach appearances were due to habitual brandy drinking, and had nothing in common with those due to poisoning with prussic acid. If the prisoner had bought prussic acid, he had done so openly, for use in diseases of the eyes, as was the fashion now. If the prisoner were guilty he could easily have induced Flint to tamper with the stomach contents—a tip of the bowl, and they were lost forever and he was safe. Were these contents of any value at all, lying open to the air as they had been for twenty hours before being bottled? As to money as a motive, nobody was pressing the prisoner for money, and his credit was unassailed up to the very day of the discovery of the body. The cut in the trouser's pocket amounted to nothing, for it may have been due to the dragging of the body by somebody outside the building. That famous letter, sworn to as appointing that evening for the meeting and giving the opportunity for the murder, had never been seen in court, and, for all that any living soul knew, may just as well have referred to any evening whatsoever, of any day or month, so far as dates were concerned. Circumstantial evidence and innocent people hanged was next dealt with, and from that Mr. Evans went into the disposition of the body. He did not believe that it could have become rigid in so short a time as asserted by Flint, and argued that it was incredible that a man in another part of the building, though on the same floor, should have heard nothing of all that went on. Mr. Evans did not believe that the drink, the death, the alleged thumping with the hatchet or a stick of wood, could have been accomplished in thirty minutes, so that the prisoner could go to the hotel and back with Mr. Flint and he then find the body rigid in death. Mr. Flint, by his own confession, was an accessory after the deed no matter by whom committed, and ought to be in the prisoner's dock on trial for his own life. At all events, he was a perjurer in the sight of the people of Maine, and on the uncorroborated testimony of a perjurer no man of the standing of the prisoner at the bar should be convicted. It was as false as hell, that the body of young Mathews had ever been carried down those

stairs by anybody in any way and in the pitch darkness of the night. Why Flint should try to fix this dreadful murder on his beloved and respected teacher was beyond comprehension. If we believe all that this perjured man says, the prisoner cannot be guilty by reason of insanity, for no man of sound man would commit such an awful crime and leave everywhere behind him such ineffaceable traces of his bloody deed.

A profound impression followed the eloquent peroration of this masterpiece of special forensic pleading and people hardly knew what to believe concerning a crime which before had seemed so evidently premeditated.

The State closed on the afternoon of Monday, the 20th. Stress was laid on the undeniable fact that the murder must have been committed inside the building in which the body was found, as proved by the immaculate condition of the clothes and shoes. Nor could it have been committed directly outside the bulkhead and the body then pushed inside, with the wood and door as found in the morning. The chemical tests were correct, and as for meddling with the stomach contents, who knew where they were or what they were that anybody should want to meddle with them at all? And again, where do you find any physician hereabouts provided with the amount of prussic acid bought by the prisoner? As for Mr. Flint, he was still a mere boy. He had had no experience with life. He did not know but that his teacher was telling the truth and that Mathews had died accidentally from drinking poison from a bottle resembling his own. Flint knew that people would hardly believe a story like that, but he wanted to shield the man who had done so much for him. He had no time to come to a definite conclusion that night and finally agreed to hide the body. The chances were that the crime had been deliberately planned, but had miscarried. Mathews drank the poisoned brandy, fell dead, but became rigid so soon that the body could not be hidden in the dissecting barrel, as originally planned. Then the murderer thought of throwing the body out of the window, but that would leave traces of blood on the sill. The murderer then went to the river, looking for a convenient place to dispose of the body, but was seen by two witnesses, and was obliged to consult with Flint, at which time the disposal was managed as testified to. In concluding, a plea for a verdict of murder in the first degree was demanded of the jury, and it was urged that they need not have compunctions against capital punishment, for public sentiment was against it; no one had been hanged since 1837, and there was still at Thomaston a man with the death penalty still hanging over him for six years.

The jury were unable to agree ("Flint might have done it," was

whispered, as later understood), came in twice for instructions and finally on the next day brought in a verdict of murder in the first degree. An appeal was made for a new trial on the ground that prussic acid was coming into vogue for eye diseases, and that a letter concerning this point has been suppressed by the State, but it was denied. The prisoner was brought before the court on Friday, the 24th, and asked if he had anything to say. He replied: "I am innocent. I have been convicted on false testimony. I appeal to that higher court which rules over all of us and I now bid you all an affectionate farewell."

Chief Justice Whitman sentenced the prisoner to one year of hard labor with solitary confinement, and at the expiration of that time to be hanged.

Dr. Coolidge remained at the jail in Augusta until the 28th, when he was taken to Thomaston to serve his sentence.

Soon after this event a ballad was printed, and as some may like to read it, it is given in a note, in order not to interrupt the story.*

* The Waterville Tragedy, or The Death of Ed. Matthews, Killed by Dr. Valorus P. Coolidge. Written by O. Drake. (May be sung to the tune of "Mary's Death".)

Indulgent friends, and strangers, too,
A thrilling tale I'll tell to you:
T'will grieve your hearts the thing to hear,
And many an eye will drop a tear.

A mournful tragedy of late
A young man's life did terminate:
The murderer's hand has laid him low,
Which makes our hearts with grief o'er-flow.

Poor Edward Mathews, where is he?
Sent headlong to Eternity:
The mortal debt by him is paid,
He in his narrow bed is laid.

No more will anguish seize his soul,
No more will poison fill his bowl!
No more will friendship clutch his throat,
And o'er his mangled body gloat.

Oh, V. P. Coolidge, how could you,
So black a deed of murder do!
You, on your honor, did pretend
To be his dearest earthly friend.

For weeks and months you laid your plan,

To kill your friend and fellow man:
You thought the thing to safely do,
Take both his life and money, too.

You knew to Brighton he had gone,
And watched each hour for his return;
The pay for cattle which he drove,
You swore within yourself to have.

You failed in that, but did succeed,
By promising a mortgage deed,
Of everything you here possessed,
So that he could in safety rest.

The money from the bank he drew,
And bro't in faithfulness to you;
Not dreaming of your vile intent,
Alone, into your office went.

You said: "Dear Mathews, worthy friend,
Our friendship here shall never end.
A glass of brandy you must drink,
'Twill do you good, I surely think."

He drank the liquor you had fixed
With prussic acid amply mixed;
Then cried: "Oh, Lord, what can it be,
What poison have you given me?"

You grasped his throat and stopp'd his breath,

Until your friend lay still in death:
Then with a hatchet bruised his head,
After he was entirely dead.

His money when you took away,
And hid his watch out in your sleigh;
Then called for your confederate,
And all your doings did relate.

The Legislature met in the summer, and Governor Dana called their attention to the case of Coolidge and the laws for the punishment of murder in the first degree. The impression existed that capital punishment had been abolished, and that the law was not imperative (as he felt it to be) upon the executive to direct an execution. If laws were susceptible of two constructions, the certainty of the sort and degree of punishment which should always accompany a crime would be destroyed.

To his suggestions no attention was paid. Coolidge continued in solitary confinement, and in January handed in a petition for pardon, not looking, as it was thought, to freedom, but to escape from hanging, owing to the two constructions of the law, for the Governor thought one way and the Attorney General the other, having only obtained his verdict by assuring the jury that nobody would ever be hanged again in Maine. On the 7th of February, the Governor handed this pardon to the Council, again stating his views, but asking their advice, because such a paper was for both the Governor and the Council to decide together. They replied that under the peculiar circumstances of the trial, and the presence at Thomaston of another murderer, still un-

I have a secret, Flint, you said,
And if by you I am betrayed,
The State will me for murder try,
And on the gallows I must die.

That Curst Ed. Mathews, don't you think,
Came here and did some brandy drink.
Then instantly he fell down dead,
And I have thumped him on the head.

Where can we now his body thrust,
So that no one can us mistrust?
In yonder room his corpse is laid,
I wish the river were its bed.

The murder we have done this night,
Tomorrow will be brought to light;
But my good character and name
Will shield me from all harm and blame.

We dragg'd his lifeless form away,
Into the cellar, there to lay,
Until someone by chance did see,
His mangled, bruised and dead body.

But, oh! the deeds of that black night,
By Heaven, are brought to noonday light.
The horrid deed I can't deny,
And on the gallows I must die.

Poor unsuspecting murder'd friend,
My earthly race must shortly end,
And I must stand before my God,
And feel his weighty chastening rod.

O, Edward Mathews, could you know,
The scathing pangs I undergo,
You surely would look down from
Heaven
And say, "Let Coolidge be forgiven."

I see thy murdered form displayed
When night has cast its sable shade
Around my dark and lonesome cell,
Such horrid feelings none can tell.

When sleep, that harbinger o' rest,
Has spread its mantle o'er m. breast,
My thoughts will wander back to thee
And see thee die in agony.

Oh, youthful days, forever past,
I thought thy joys would ever last!
If I had worlds, them would I give
If I once more this life could live.

But, all in vain, the die is cast.
The prison walls will hold me fast
Till to the scaffold I am led,
To yield that life I've forfeited.

Take warning now, by me, I pray,
Let right and justice guide your way;
May Heaven's choice blessings to you
flow
And save you from a murderer's woe.

hanged, they would advise a commutation to imprisonment for life. Their report was not to be a precedent, but arose solely from the position taken by the Attorney General at the trial.

From this long sentence Dr. Coolidge escaped by death on Friday, May 18, 1849. The prison records read to this day: Valorus Perry Coolidge, committed March 28, 1848. Murder: One year hard labor with solitary confinement. Then to be hanged. Sentence commuted Feb. 10, 1849: life imprisonment. Died May 18, 1849.

If the story ended here, it would be nothing more than one of a brutal murder expiated probably by suicide, but more remains to be told, for, no sooner was the death announced, than rumors arose, were multiplied in passing from mouth to mouth and have echoed down to our own times. It was said that by connivance with the "tainted officials" at Thomaston, he had escaped, been seen dressed as a woman on the Boston boat, that he had never been hanged, but that the body of another man had been substituted for his to make dissection material for the doctors; that there had been no inquest as the law demanded; that a sister from Mississippi had spent the winter in Thomaston bribing the officers; that the wife of a brother had done the bribing; that the warden's wife was a sister of Coolidge and had arranged the escape; that the body had been exhumed on the 25th of June and denied as that of his son by the bereft father; that at a second exhumation on the 27th the body was recognized by a hundred people, and that it was exhumed for the third time soon after and buried outside the family lot as one who was not a Coolidge. Later on, rumors arose that men from Maine had seen the murderer under the name of Wilks or Wilkins at Coloma, Eldorado County, California, as early as September 3, 1849. A man returning to Maine said he saw three men, one of whom looked like Coolidge, but the next day he was gone. Another story was that a woman from Maine, who had had the small-pox, nursed Coolidge through that disease in California and that he died under an assumed name in Pleasanton, Alameda County.

One odd fact amidst these rumors is the size of the Coolidge family. A witness at the trial testified that when Dr. Coolidge was talking of the murder he said: "Mother, sisters and brothers I have lost by death, but the death of none of them affected me so much as that of good Ed. Mathews." Now, in addition to those of whom he then spoke, we have those from Mississippi and Ohio; a sister, Mrs. Sabin, the only one whose name is mentioned on the prison records as visiting her brother in prison; the wife of the warden, who allowed her brother to languish in prison for a year without an attempt at escape; the brother in Ohio, and last of all brother Ezra, of whom we shall later

hear. It would seem as if these sisters and brothers had to be invented in order to account for the bribery and the escape.

So far as the actual evasion is concerned, it was said that a sister's gown and veil were smuggled in, that the brother and sister being of a height, the brother had only to become a woman in disguise, to pass through some corridors into the office and then be free. In reply to this a man wrote to me in 1914 that Coolidge, whom he knew well, was five feet ten in height and very slim; something hard to reconcile with a disguised sister, pretty and petite.

It was rumored that when this escape was discovered the warden, to save himself, substituted the body of another prisoner who happened to die just then, and passed it off as that of Dr. Coolidge. If such a death occurred it was not only suppressed on the books by the officials but by the chaplain who officiated at the funerals. Another story in this direction was that a body had been brought by sea from Boston, had been kept ready for the escape and then substituted.

Now the fountain head of all this talk was a botanic physician of Bloomfield, Me., one Amos Angier Mann, known all over the State as "Molasses and Strippings Mann," owing to his loud-mouthed talk of cures of diseases of every sort by a mixture of the last drops of milk from a cow's udder mixed and boiled down with West India molasses. This blustering man published in 1847 a small newspaper entitled, "Mann's American Miscellany and Family Physician," and afterwards another paper, "Mann's Physician and Down East Screamer," a cheap advertising medium, with certificates of his cures and advertisements of his medicines. A physician, then, of such a character as this, took up at this juncture the Coolidge affair as a means of advertising more widely than ever his medical notoriety, and here we have his account of Coolidge at sea:

"I was on the Boston boat and noticed a neatly dressed woman with features which I thought familiar, but could not place. She went below and I did not see her again. A day or two later, in cudgelling my brains as to her identity, I saw, as if in a flash, that that woman was V. P. Coolidge. I knew Coolidge by his pink eyes, and when I saw that woman with pink eyes I felt sure that she was V. P. Coolidge disguised, but I could not place him soon enough to recognize or capture him."

This sounds precise enough, but albino eyes are rare, and everybody present at the trial noticed, and the newspapers particularly emphasized the "black, piercing eyes" of Dr. Coolidge.

It was Dr. Mann, also, who followed up his discovery of Coolidge disguised as a woman, by exhuming the body and compelling a reluctant

father to say that it was not the body of his son, because the thumbs were alike, which was not the case with the murderer. With this item and the boat story Dr. Mann rushed into print, but meeting with a cool reception, he published from his own hearthstone a manifesto against "Those Tainted Officials at Thomaston," and vowed that he would soon issue another, showing them up still farther to public contempt as thwarters of *JUSTICE*. In a few days, however, he turned about face, claimed that he had been paid \$3,000 to keep his mouth shut, and we hear nothing farther from him.

So far as the California recognitions are concerned, they appear as if the witnesses were afraid to tell all they knew lest they should be accused of conniving at the escape of a criminal. I have urged those still living, and to whom the California legends were told in their youth, to come forward with every snatch of evidence as to when, and how, and where, and under what circumstances Dr. Coolidge was seen, what he had to say of how he escaped, what he was doing for a living, where he lived, where he was bound; in short, I have asked, but so far in vain, for some firm ground on which to place this resurrection. All that I have been able to discover is, that three trustworthy citizens of Maine, Mr. Hayford, Mr. Bridgham and Mr. Richards, said that they saw V. P. Coolidge. They talked with him. This is strong evidence, but what a pity that they never reported a single word of their conversations with him except that "they agreed not to betray him." But whether this means that they told Coolidge that they would not betray him or that they agreed with one another not to betray him is not plain. Whatever they agreed on, they proceeded at once, on arriving in Maine, to betray him as far as they could, by speaking publicly of seeing him.

The greatest offence against public decency on the part of the Mannists was the intense bitterness which they expressed against the authorities. The Governor, they said, was as weak as water, was afraid to hang Coolidge, and planned it all out with the Council beforehand. He was to ask them if Coolidge should be hanged and they were to have their answer ready. Of the facts, however, that the Governor had urged in 1848 that all first degree murderers ought to be hanged; that neither he nor the Council could have the slightest idea that the murderer would have the effrontery to ask for a pardon of his abominable crime in 1849, and so give them a chance "to plan all out beforehand," or that there had been in the prison for five years another murderer still unchanged, these vituperative people took no notice. Moreover, when the prison officials, including two ministers of the Gospel, printed their evidence, on oath, the only reply from those

scoffers was, "They are all lying, as is to be expected from tainted officials everywhere." So, too, when, after the second exhumation, many good citizens asserted that there could be no doubt of the identity of the body, these men shrieked that his own father had denied the identity, because one thumb ought to have been shorter than the other. But if you read the father's testimony, it says in these words: "My son's mother used to say that there was a difference in his thumbs, but I never knew of it myself, or measured them to see if it were a fact."

Diametrically opposite to this reluctant testimony is that of the recognition of V. P. Coolidge by his own brother, Ezra, and a life-long friend, John Simmons, forty-eight hours after death, and not after thirty-seven days of mortuary alterations. Later on, Dr. Holland offered his evidence, of which anon, the resurrectionists cried out that he was lying "to save the other doctors." In short, in order to back up their extraordinary statements, they talked with unbounded extravagance. They claimed that as the warden was not appointed again, he was guilty, but they forgot that the office became a plum under a new administration, and that neither the prison physician nor the prison chaplain nor others were removed, yet that all were as guilty as the one. From their point of view, also, the petition for pardon, "the confession of Flint" and "the letter to the escaped convict" (to be mentioned in due season), were "Thomaston forgeries."

The most extraordinary act of effrontery in this wonderful case was that, although Dr. Mann and the resurrectionists swore that all of the State officials, from the Governor down, were unworthy of public confidence for plotting the escape and cheating justice, not a single man or woman who saw that escaped murderer made the slightest effort to bring him back to that outraged justice. On the contrary, there seems to have been a universal chuckle, on the part of all concerned, at the lucky freedom of the perpetrator of one of the most deliberate, cold-blooded murders anywhere on record in the annals of crime. If these men and a woman recognized V. P. Coolidge and failed to inform the authorities in California and in Maine, they made themselves participators in the escape and abettors of the crime.

Willing as we may be to believe that Mr. Hayford and Mr. Bridgman and Mr. Richards were sure that they saw Dr. Coolidge, they never dared to offer affidavits of the truth of their testimony as the "tainted officials" had done for their side, and if they feared arrest for conniving at a crime, and so kept silent, anyone would think the affair so extraordinary that they would have left, to be opened at their deaths, a detailed account of their talks with the criminal.

After all, what does it amount to, "to see a man in California." Mr. Job Richards, of Winslow, used to say to Mr. Bassett, of that town: "Why, Mr. Bassett, I am sure that I saw V. P. Coolidge in California." "Did you really? And what did you say to him?" "I said, 'Good morning, Dr. Coolidge.'" "And what did he say to you then?" "Why, he didn't take any notice of me at all!" As for myself, I think that some man out there took that same sort of notice of many others who thought that he was Dr. Coolidge, because he was not the man at all, and had never seen the men from Maine in all of his life.

It was also said that the uncle of the murderer, Dr. Cyrus Holland Coolidge, went West so as to live with his nephew. But there is another side to this story, namely, that Dr. Cyrus Coolidge developed a repulsive goiter, was weary of his personal appearance and of the disgrace attached to the family name, and went away to avoid gossip. Oddly enough, although there were now two Dr. Coolidges in California, nobody ever heard of them together, or met them together, or even mentioned their names in common.

Let us now look at the other side of the alleged escape as told in documents still extant.

When the commutation reached the prison, Coolidge was released from close confinement, put into the shoe shop, and given a chance to sweep corridors and carry water. Early in April, Dr. Buxton*, the prison inspector, reported to the Legislature that more warders were needed, because long-term prisoners were trying to escape.

Amongst the prisoners with whom Dr. Coolidge now made acquaintance was one in the sick ward, to whom about May 13 he handed two long papers, asking him to read and to give them to a convict who was to be discharged from prison in July. After reading them the convict gave them to the warden and the plot was discovered. These two papers, a "Confession" and "Directions," both in the handwriting of Coolidge are very curious compositions.† The "Confession" purported to come from Dr. Thomas Flint, acknowledging that he had murdered Mathews, and that Dr. Coolidge was innocent in all respects. The "Directions" showed the discharged convict how to copy the "Confession" into Flint's handwriting; how to lure him to take

* Benjamin Flint Buxton (1810-1876) was graduated at the Medical School of Maine in 1830, practiced in Warren, went to California in 1850, but after three years returned to Warren for life. He was a very distinguished man in Medical Maine, President of the Maine Medical Association, and also prominent in politics.

† Portland *Advertiser*, May, 1849.

a friendly drink containing prussic acid, and as he died to push the "Confession" into a pocket of his coat, where it would be ultimately found, and Dr. Coolidge would be released from prison. He was then to give \$1,000 to this escaped prisoner who had murdered Dr. Flint, and the affair would be ended, for finally, in the "Confession," Flint was to say that out of sincere sorrow he now committed suicide with prussic acid. After reading these two long documents, the warden called in Dr. Buxton, who proceeded to inform Dr. Coolidge that his scheme had been discovered, and that he must be returned to solitary confinement. When confronted with the documents, Coolidge confessed, asked forgiveness, and promised to do better.

This conference occurred on Wednesday, May 16, 1849. Directly afterward Coolidge fell into low spirits, said that he had nothing to live for, and on Thursday sent for Dr. Rose*, complaining of feeling poorly, was prescribed for and went to bed. He was seen alive very early the next morning, but being absent at roll call, at 7.00, he was visited, and found lying on the floor of his cell with his head resting on the cell-bucket, as if he had rolled out of bed in suffering. Before Dr. Rose could arrive, Dr. Coolidge was dead.

After formal recognition by many witnesses, notice of the death was sent to the family, the body was placed in the dead house inside the prison walls, the door was locked, and the key kept on the warden's person until Saturday, the 19th, when the post mortem examination was made by Dr. Buxton and Dr. Rose in the presence of several persons. Nothing was discovered to show the cause of death, although the heart was much distended, and the walls exceedingly thin. Directly afterward, the body was buried outside the prison walls. On Monday, the 21st, Ezra Coolidge, a brother, and Mr. Simmons, a life-long friend, arrived, the coffin was opened in the presence of many spectators, and both brother and friend acknowledged that the body was that of Dr. V. P. Coolidge and no other. The coffin was then nailed down and removed from Thomaston escorted by the brother and his friend.

Nothing was heard of any escape until June 27th, when Dr. Mann printed his story of the Boston boat and the accounts of the successive exhumations. A tremendous excitement ensued, and the Legislature ordered an investigation of the whole affair. Before the committee appeared several witnesses who swore to the following facts:

Mr. Carr, the warden, had attended the trial to identify the

* Dr. Daniel Rose (1813-1871) was graduated at the Medical School of Maine in 1836, practiced at Thomaston all of his life, was prison physician for many years, and was a good steady practitioner of medicine.

prisoner, and he saw that same man brought into the prison on March 28th by the sheriff. He was introduced as Dr. Coolidge, and from that day onward he answered to that name, and acknowledged himself to be a brother to Mrs. Sabin and Ezra P. Coolidge, who visited him at intervals. The warden saw this same man daily, from his entrance to his death, and had no doubt that the man whom he had seen at the trial was the same man whom he saw die in the prison, had personally placed in the dead house and with other witnesses seen examined after death, had buried him, and exhumed him and shown him personally to his brother and his intimate friend, Mr. Simmons, both of whom had expressed themselves satisfied that the body was that of Dr. V. P. Coolidge, and of no other, and who had then escorted it out of Thomaston.

Asa Perkins, clerk of the prison, went over the same ground, and added that he had measured Dr. Coolidge on his arrival, had measured him dead, and was sure that he was the same man with the same measurements in each case. Mr. Perkins saw this same man when dying, and when examined by the physicians, and when recognized and acknowledged by his brother Ezra.

Dr. Buxton saw the prisoner when brought into the prison, was introduced to him as Dr. V. P. Coolidge, saw him every week during his term of imprisonment, saw him alive the day before his death, saw him dead, examined him and attended his funeral, and had no doubt that the man upon whom he performed a post mortem examination was the same Dr. Coolidge who had entered the prison, March 28, 1848.

Dr. Rose saw Dr. Coolidge the day after he reached the prison, was introduced to him as Dr. Coolidge, saw him at least twice every week until May 17, 1849, saw him a few moments after his death on the following day, identified him as the same man whom he had known so long. He assisted at the examination, attended the funeral, was present when the body was acknowledged as that of Dr. Coolidge and had no doubt that the same man who came to the prison under his personal care in March, 1848, went out of it dead in May, 1849. It was he and no other.

Sheriff Young brought Dr. Coolidge from Augusta, delivered him to the warden, saw him at least once a week during the next year, saw him a few moments after he was dead, recognized the dead man as the man whom he had known as Dr. Coolidge, and was a witness at the burial and recognition by the friends.

If the testimony of these "tainted officials" has no value, we may add that of Rev. Job Washburn, chaplain of the prison when Dr. Cool-

idge was brought there, and who "on the 18th day of May, 1849, tenderly placed his hand in a last blessing on the face of the same man whom he had always known as Dr. Coolidge, of Waterville, and who had always acknowledged that name," and of Rev. Edward Freeman, the succeeding chaplain, who began his duties in October, 1848, who knew Dr. Coolidge personally and perfectly. He saw this man dead, he recognized the face as that of Dr. Coolidge and no other, and officiated at the funeral services.

Such, then, was the sworn testimony offered to the Legislative Committee. From it one must believe that Dr. Coolidge came from his trial at Augusta to the prison, and remained there until his death and burial.

The next item in the history of the case is the question of the disputed recognition, in June, of the body delivered to a satisfied brother and friend in May. The father doubted, others were satisfied. Mr. Alden, of Canton, present on both occasions, said that whilst at the first exhumation there may have been a doubt, there was but one assenting voice at the second, two days later. The reason for this change of opinion is to be found in a letter from Dr. Cornelius Holland*, of Canton Point, to the *Hallowell Gazette* in November, 1849, in which he said that at the first exhumation, the skull bone which had been sawn entirely around in order to remove and examine the brain, sagged forward beneath the overlying skin, so that the upper part of the face was distorted and the expression altered. At the second exhumation, however, when this source of error in identification was commented upon, the head was placed erect, the bone pushed back into its normal position and held there, when identification became satisfactory. Nobody upon the spot doubted that he was looking at V. P. Coolidge. Dr. Holland also took pains to verify the incision, made to remove the stomach. His letter is the most convincing document in the entire story, for it corroborates precisely the affidavits from Thomaston.

It was loudly shouted at one time that the Thomaston testimony was concocted to save the doctors, but such talk weighs little with physicians who, after long experience in medical practice, have rarely seen such an instance of medical defense.

In this paper I have tried to be fair, although untrained in presenting evidence in legal form. The testimony seems to lean preponderantly to death at Thomaston. Identification afar seems doubtful without evidence concerning the topics of alleged conversation. That a

* This physician practiced in that village for many years, dying in 1875 in his 85th year.

man escaping from solitary confinement should say not a word concerning that adventure is beyond human credibility.

It is well worth while, in bringing this paper to a close, to mention a similar instance of alleged escape at about the same time and likewise concerning a physician. This was in the case of Dr. Webster, of Boston, who was hanged for the murder of Professor Parkman, but was later seen alive in Fayal. The family of Dr. Webster having removed to that place to avoid public notoriety, it is probable that their presence there gave rise to the legend, or some person from Maine having mentioned the reincarnation of the murderer Coolidge, another, to cap the story, resurrected another murderer and physician.

In concluding my story, two human documents, coming from the lips of Dr. Buxton, are worth passing along to another generation:

To his daughter, still surviving, he often used to say: "The man whom I saw come into the State Prison in March, 1848, and whom I knew as Dr. Coolidge, the Waterville murderer, went out of it, dead, in May, 1849."

One of the old inhabitants of Thomaston lately wrote to me to this effect: "Dr. Buxton, whom I knew very well indeed, was very fond to the end of his life of telling to those who boasted of the escape of V. P. Coolidge: "You say that V. P. Coolidge, the murderer, is still living out in California. I did not see him when I was out that way for a year or two, but I tell you that if this is really so, he must be living out there without a heart, for, damn him, I cut it out of his body before he left Thomaston, and it weighed nine ounces and a half."

COUNCIL OF NATIONAL DEFENSE, WASHINGTON.

For the purpose of completing the mobilization of the entire medical and surgical resources of the country, the Council of National Defense has authorized and directed the organization of a "Volunteer Medical Corps," which is aimed to enlist in the general war-winning program all reputable physicians and surgeons who are not eligible to membership in the Medical Officers' Reserve Corps.

It has been recognized always that the medical profession is made up of men whose patriotism is unquestioned and who are eager to serve their country in every way. Slight physical infirmities or the fact that one is beyond the age limit—fifty-five years—or the fact that one is needed for essential public or institutional service, while precluding

active work in camp or field or hospital in the war zone, should not prevent these patriotic physicians from close relation with governmental needs at this time.

It was in Philadelphia that the idea of such an organization was first put forward, Dr. William Duffield Robinson having initiated the movement resulting in the formation last summer of the Senior Military Medical Association, with Dr. W. W. Keen as President, a society which now has 271 members.

Through the Committee on States Activities of the General Medical Board the matter of forming such a nation-wide organization was taken up last October in Chicago, at a meeting attended by delegates from forty-six States and the District of Columbia. This committee, of which Dr. Edward Martin and Dr. John D. McLean—both Philadelphians—are respectively chairman and secretary, unanimously endorsed the project. A smaller committee, with Dr. Edward P. Davis, of Philadelphia, as chairman, was appointed to draft conditions of membership, the General Medical Board unanimously endorsed the committee's report, the Executive Committee—including Surgeons General Gorgas, of the Army, Braisted, of the Navy, and Blue, of the Public Health Service—heartily approved and passed it to the Council of National Defense for final action, and the machinery of the new body has been started by the sending of a letter to the State and County Committees urging interest and the enrollment of eligible physicians.

It is intended that this new corps shall be an instrument able directly to meet such civil and military needs as are not already provided for. The General Medical Board holds it as axiomatic that the health of the people at home must be maintained as efficiently as in times of peace. The medical service in hospitals, medical colleges and laboratories must be up to standard; the demands incident to examination of drafted soldiers, including the reclamation of men rejected because of comparatively slight physical defects, the need of conserving the health of the families and dependents of enlisted men and the preservation of sanitary conditions—all these needs must be fully met in time of war as in time of peace. They must be met in spite of the great and unusual depletion of medical talent due to the demands of field and hospital service.

In fact, and in view of the prospective losses in men with which every community is confronted, the General Medical Board believes that the needs at home should be even better met now than ever. The carrying of this double burden will fall heavily upon the physicians, but the medical fraternity is confident that it will acquit itself

fully in this regard, its members accepting the tremendous responsibility in the highest spirit of patriotism. It will mean, doubtless, that much service must be gratuitous, but the medical men can be relied upon to do their share of giving freely, and it is certain that inability to pay a fee will never deny needy persons the attention required.

It is proposed that the services rendered by the Volunteer Medical Service Corps shall be in response to a request from the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, or other duly authorized departments or associations, the general administration of the corps to be vested in a Central Governing Board, which is to be a committee of the General Medical Board of the Council of National Defense. The State Committee of the Medical Section of the Council of National Defense constitutes the Governing Board in each State.

NEW AND NON-OFFICIAL REMEDIES.

During February the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies :

The Abbott Laboratories :

Chlorcosane.

Barbital-Abbott.

Procaine-Abbott.

Dermatological Research Laboratories, Philadelphia Polyclinic :

Arsenobenzol (Dermatological Research Laboratories) 1 Gm.
Ampules.

Eli Lilly and Company :

Typhoid Vaccine, Prophylactic.

Typhoid Vaccine, Therapeutic.

Typhoid Mixed Vaccine, Lilly.

Merck and Company :

Mercury Benzoate-Merck.

Monsanto Chemical Works :

Halazone-Monsanto.

H. K. Mulford Company :

Bulgarian Bacillus, Friable Tablets.

JOURNAL OF MAINE MEDICAL ASSOCIATION

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VOLUNTEER MEDICAL SERVICE CORPS.

The Council of National Defense informs the editors of the JOURNAL, and they, in turn, take pleasure in informing their readers of the following facts. The report of the Committee of the Volunteer Medical Service Corps was endorsed by the General Medical Board of the Council and referred to the Executive Committee, where it was approved, with the recommendation that this corps be created. At a subsequent meeting of the Council and Advisory Commission, the medical section of the Council was authorized and directed to organize the Volunteer Medical Service Corps, which shall consist of physicians not eligible for the Medical Reserve Corps, but to meet such civic and military needs as are not already provided for. The rules for its formation and application forms will soon be distributed, and will fully explain the object and aim of the organization, so that the profession shall be in a position to render voluntary services whenever and wherever practicable. A designated mark has also been authorized, so that the members of this corps can be recognized as having offered their services to the nation in its time of need.

We are glad to hear of this important move, and there can be no doubt that every member of the Association will do his duty, old or young, strong or infirm, in some way or other in order to show his patriotism and desire to be of help in the little or the great amount of service that he can offer. The arrival of the forms and application blanks will, we are sure, meet with universal response and rally to the colors from all physicians. If we can't all knit, we can all knit ourselves together as a band of men trying to do our share in the war. Every man should not only do his bit but a great deal more than that whenever opportunity serves. Some will make the opportunity, whilst others will let it come of itself, and then perhaps regretfully fail to seize it.

DISCHARGE OF MEDICAL OFFICERS.

In order to emphasize the need of volunteer medical officers or of conscription, as suggested in annotations elsewhere in the JOURNAL, we emphasize the latest official news that over one thousand medical officers have been discharged, leaving in active service about fourteen thousand this first day of March, 1918. Of these discharged, 411 were for physical disability, 154 for ordinary inaptitude, 306 to join other service, 59 owing to domestic difficulties, 88 from resignation, and 32 as needed by communities, schools, hospitals and so on. During this same period more than two thousand have been promoted. The Medical Reserve Corps now numbers precisely 13,687.

Discharges continued at about the rate of fifty a week from December 1st, owing to order to weed out incompetents by psychological examinations for mental capacity, transfer of unsatisfactory men in the present work to other sorts of work, further instruction for those needing it and sure to improve, and finally "the good riddance to men who by reason of physical or mental incapacity, viciousness or laziness, cannot possibly be made to become competent officers."

CONSCRIPTION OF THE MEDICAL RESOURCES OF THE NATION.

The January number of the *Ohio State Medical Journal* contains a plan by Dr. D. S. Gardner for conscription of the medical resources of the nation by a just method of securing proper distribution of physicians between the war, civilian and educational needs of the present war. Granting that war has the first call, the needs of the people must be allowed for fairly to all concerned, and this can be done by selective conscription. Allowing a need for 24,000 in the war—yet 40,000 may be needed ultimately—out of the 140,000 physicians in the country there is doubt of obtaining 20,000 volunteers. Of the entire profession, none can be under 22, many must be in moderate health, many are defective, and the average age of all must be well over forty. The physical examinations now demanded throw out many apparently healthy, and we have to ask if this will not totally exhaust the supply of those who are effective. This state of affairs compels us to hold up voluntary enrollment, in order that the greatest good may be done for the war, the people, and future education of medical students.

The plan proposed is to amend the law of May 18, 1917, to increase temporarily the military establishment of the nation, so as to provide that all persons entitled to practice shall register at some point

in every State, with full details of name, age, place of graduation, of practice and last year's income. When this list is complete, a Medical Board, composed of the Surgeon Generals of the Army, Navy and Public Health Service, the President of the A. M. A. and of the American Public Health Association, shall appoint a State Board, composed of the Surgeon General of each State, the President of the State Medical Association and its Council. They shall be the unit to choose physicians for the service according to the quota needed as determined by the National Board above noted. Every physician in each councillor's district shall be registered, and then noted as qualified for war service, or for local or educational work. These physicians shall be noted as A, B, C or D, A. and B serving for war work in the nation and abroad, whilst C and D serve active and passive at home. Finally, from the last class we could pick out another set of A, B and C men, who should be regarded as purely medical or surgical or as specialists in civilian and educational instruction, base hospitals, cantonments or schools.

If the needs of the war demand a very large proportionate conscription of physicians, then the needs of the civil population remaining could be largely cared for by concentrated treatment in hospitals, infirmaries and dispensaries.

Dr. Gardner is of the opinion that by some such selective conscription as thus suggested, the nation could get 100,000 active physicians, out of which 40,000 should belong to A and 20,000 to B, C and D respectively. Or if we halve these, we get 50,000 for war, namely 30,000 in A and 20,000 in B, and for the civil needs we have 50,000 equally divided amongst the various other classes—making one the average—one physician to every 2,500 people in civil life.

The details of this plan will need to be studied and worked over into shape, and the attention of all physicians should at once be given to some solution of what will soon become a national need. Maine will have to do her share, but, above all, the scattered condition of the population of the State will have to be most carefully considered by the Surgeon General, the State President and his councillors.

JUVENILE DELINQUENCY.

A year or more after the President of the Cumberland County Medical Society called attention for the first time in this country to the extreme prevalence of juvenile delinquency everywhere, owing, first, to the lack of medical examinations in the schools, and then to conditions produced by the lawlessness of war, the medical journals

and newspapers of the nation are at last waking up to this undeniable state of affairs.

In the meanwhile, although it was as plain a condition as ever existed, absolutely nothing has been done to get at the root of the evil, and that is to examine every child, every year of its school life, by competent physicians appointed under a law for the providing of compulsory medical examinations of school children. Until this is done, and the delinquents discovered and improved, juvenile delinquency will continue; thefts will prevail, pilfering of money at home, pocket picking, snatching of purses, shop breaking, shop lifting, and finally burglary with murder.

Maine has not yet witnessed much juvenile delinquency, but it already shows signs of motion amongst boys and girls under twenty.

The next Legislature should pass a compulsory school examination law of this sort, and it should be the duty of the Maine Medical Association to instruct its Legislative Committee to consult with the State Superintendent of Schools to set the law in motion. Candidates for the Legislature or Senate should be questioned, before election, concerning their views on this extremely important topic. Physicians should come forward as candidates for the Legislature, for the purpose of caring and guarding against juvenile delinquency, and incidentally to obtain a system of health insurance worth considering. Every settlement in Maine should be compelled by law to pay a certain pro rata salary for medical school examinations, as an untold benefit to the entire nation. Physicians likewise should meet the people half way, and agree to do this work for moderate pay, and where more than one physician lives in a community each should offer his services in turn, and bury local jealousies and personal feuds. It will be a shame if Maine fails to put on its statute books for 1919 a law that shall compel medical examinations of all school children. Face to face with 40% of men rejected for service and an increasing juvenile depravity and delinquency, we cannot afford to be economical or squeamish.

CORRECTION CONCERNING THE MASON DISPENSARY.

In a recent issue we remarked, "that a small charge will be asked of those who are able to pay." This, we are informed, is incorrect and against the wishes of the giver of the dispensary. What was really intended was, that "Intramuscular mercury will be given gratuitously, whilst Salvarsan or its American equivalent will be given intravenously for the exact cost of the drug."

We trust that this puts affairs in a correct light, and that the work will proceed rapidly and efficaciously.

TO THE HARD OF HEARING.

The Volta Bureau, which publishes the *Volta Review*, the *Speech and Speech Reading Magazine*, is a bureau founded and endowed by Alexander Graham Bell in 1887. Its object may be defined as "to increase and diffuse knowledge relating to the deaf."

It is often asked what "Volta" means and how Dr. Bell came to found the Bureau. In recognition of his gift to humanity by the invention of the telephone, France conferred the 50,000 franc Volta Prize created by Napoleon upon Dr. Bell. This money he used in laboratory equipment and experimental work which resulted in the talking-machine, and from the money received from the sale of these patents he set aside \$100,000 as an endowment for the Volta Bureau which he then established. This interest in the deaf was no sudden thing, for both father and son, Alexander Melville Bell and Alexander Graham Bell, had for years been doing valuable work along the lines of speech teaching to the congenitally deaf. A thorough knowledge of the Alexander Melville Visible Speech Symbols has for years been essential to the equipment of a well-trained oral teacher. Between 1878 and 1883 Dr. Bell was engaged in extensive researches in an effort to determine the cause of deafness and the extent to which the human race is susceptible of variation by selection.

The Bureau, the only one in existence, has a world-wide reputation and serves as a medium of communication between schools for the deaf all over the world, between parents of deaf children and the schools in this coun-

Some Facts About Oats

Pound for pound—in food units—they are about twice as nutritious as round steak.

They are 10 per cent over wheat.

They form a uniquely balanced food with all the needed elements, including vitamins and bran.

They are rich in phosphorus and lecithin.

They are uniquely economical.

Quaker Oats supply nutrition at a cost of five cents per 1000 calories.

In other foods those same food units average about as follows:

In Eggs, . .	50c
In Meats, . .	40c
In Chicken, .	90c
In Bread, . .	9c

Seven full meals on Quaker Oats cost the same as one ham-and-egg meal.

Quaker Oats

The Flavoury Flakes

Quaker Oats excel in flavor because we use the queen grains only—just the plump, rich oats. We get but ten pounds from a bushel. They won supreme place because of that flavor—a world-wide preference. Yet they cost no extra price.

The Quaker Oats Company
Chicago

try, and between the adult hard-of-hearing and the teachers of lip-reading.

The following circular which the Bureau is sending out may be of interest to the medical profession:

"Try Lip-Reading. It will do all that trained teachers assert; will enable you to read the lips of the members of your family, of friends whose conversation you value, and may enable you to understand sermons and lectures. Its value increases with practice. Self-instruction is possible, but instruction by a trained teacher is better.

"For the very slightly deaf, the totally deaf, and all the hard-of-hearing in between, lip-reading is a boon. For the totally deaf it is the only resource. For the slightly deaf, with eyes and ears each helping the other, the effectiveness of lip-reading is especially great, and in certain cases by relief from ear strain it may even result in an improvement of the hearing."

"Literature will be sent, with the address of the nearest trained teacher of lip-reading, by the Volta Bureau, founded and endowed by Alexander Graham Bell, for the increase and diffusion of knowledge relating to the deaf. 1601 35th Street N. W., Washington, D. C."

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County News and Notes.

ANDROSCOGGIN.

ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Androscoggin County Medical Society was held in Lewiston on the evening of March 5th.

A very interesting and instructive paper on "The Tonsil" was read by Dr. S. L. Andrews and discussed by Drs. Chaffers, Parmalee, Webber, Norton, Fitzmaurice and Donovan.

Dr. E. N. Call was elected delegate to the State Association for the unexpired portion of the term of Dr. Ness, who is in military service.

Dr. W. E. Webber suggested the need of a medical library, and Drs. Webber, Norton and Cunningham were appointed a committee to consider the matter.

Dr. Donovan spoke of the urgent need of a contagious hospital.

A light lunch was served at the close of the program.

Twenty-one members were present.

A. S. DOLLOFF, *Secretary.*

Personal News and Notes.

Dr. J. W. Scannell, of Lewiston, is recovering from his recent illness.

Dr. C. R. Burr, of New York City, formerly of Portland, has been a recent visitor in Portland.

Dr. and Mrs. H. F. Twitchell, of Portland, are spending a month in the southern states.

Dr. L. L. Hills, who has been spending the winter months in Florida, is expected home the last of March.

Dr. B. F. Barker, of Bath, who has been very ill with erysipelas, is improving slowly.

Congratulations to Dr. A. C. Hagerthy, of Ellsworth, on his nomination for the tenth successive time for the mayoralty of Ellsworth. Of his election there can be no doubt as of old, and in Maine medical history Dr.

Bran Food

To Make It a Daily Dish

Make It a Luxury

Pettijohn's is a bran food made to doctors' orders.

The 55 per cent of rolled wheat gives a basis which everybody likes. The 20 per cent of oat flakes adds a delightful flavor. And the bran flakes make it efficient.

Half the users, probably, never think of bran. It is inconspicuous. People gladly continue it and thus get continued bran effects.

In late years, with hundreds of bran foods offered, Pettijohn's has soared to top place. And largely through doctors' favor.

It will meet, we believe, your ideal of a bran food. Try it.

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A Flaked Cereal Dainty

55% Wheat Product — 20% Oats — 25% Bran

Soft, flavory wheat and oats rolled into luscious flakes, hiding 25 per cent of unground bran. A famous breakfast dainty.

Pettijohn's Flour is 75 per cent Government Standard flour mixed with 25 per cent tender bran flakes. To be used like Graham flour in any recipe; but better, because the bran is unground.

The Quaker Oats Company

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Hagerthy will carry off the record for political and well deserved success.

At a recent lunch of the Dartmouth Club in Maine, regrets at his long continued illness, and sympathetic wishes for improvement in his bodily condition, were unanimously voted in behalf of our veteran doctor, S. C. Gordon, honorary graduate of Dartmouth.

Military Notes.

Capt. Alfred Mitchell, Portland, has been called to Camp Lee, Virginia, for temporary duty.

Capt. H. E. Milliken, Portland, is now located at Camp Dodge, Iowa.

Dr. W. J. Hammond, of Enfield, has recently received the commission of captain and is waiting orders.

Lieut. Thomas A. Foster, son of Dr. B. B. Foster, of Portland, has been ordered to Greenville, S. C.

Major Thomas J. Burrage, of Portland, has been called to active service and is now on temporary duty at Camp Jackson, South Carolina.

Lieuts. E. S. Cummings, of Lewiston, and C. E. Cook, Jr., of Berwick, have recently been promoted to the rank of captains.

Capt. Frank E. Leslie, M. R. C., is detailed at Camp Logan, Texas, to examine the entire command of 33,000 for nervous and mental diseases. He is president of a board of five examiners and has just completed the command of the 38th Division at Camp Shelby, Miss., where 30,000 men were examined.

Dr. P. C. Page, of Portland, Oregon, formerly of Bangor, has received a commission of 1st lieutenant, M. R. C.

Dr. D. F. Cummings, of Cherryfield, has been ordered to Washington for active service.

Dr. H. S. Pratt, of Farmington, has received his commission of 1st lieutenant and is now waiting orders.

Word has been received from Lieutenants L. L. Powell, of Saco, and D. E. Dolloff, of Biddeford, from somewhere in France. Both men are well and busy.

Dr. L. G. Bunker, of Waterville, has been appointed a member of the Medical Reserves of the Third Maine Regiment, with the title of 1st lieutenant. He will examine recruits for this regiment.

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INCOMPLETE RUPTURE OF THE TRANSVERSE COLON.

BY F. H. JACKSON, M. D., F. A. C. S., HOULTON, MAINE.

The subject of intestinal rupture, caused by non-penetrating wounds of the abdomen, is interesting and most important. Moynihan states in his work on "Abdominal Operations" that "it may be taken as an unquestionable fact that complete rupture of the intestine, unless treated by operation, is invariably fatal." Incomplete rupture, on the other hand, may result in the ultimate recovery of the patient, after more or less suffering, yet it is certainly hard to conceive of a more treacherous condition than an injury affecting one or more of the intestinal layers. The escape of intestinal contents, in a case of complete rupture, will very quickly result in a very septic peritonitis. Every hour that operation is delayed after the infliction of the injury is most prejudicial to the recovery of the patient. Those who wait for classical signs, so called, before advising or performing operation, are most certainly assuming a grave responsibility. Naturally, if the perforation is of the incomplete type, the surgeon and the patient may be lulled into a state of false security, for it must be admitted that the symptom complex is often blind. What may happen is this. The damaged gut may undergo gangrene; at this point perforation may ensue. If fortunately a localizing peritonitis has taken place the damage may be limited, and a localized abscess form. Such a fortunate termination may not be the result, and following the ingestion of food or a cathartic perforation may take place into the abdominal cavity.

It is certainly hard to understand the position taken by some men who constantly urge delay in these cases and advise "medical treat-

ment" for a time, whatever that may mean, for we feel that even the most enthusiastic internist can hardly hold a tenable position in such cases. The foolish and reckless opening of the abdomen is not a surgical procedure; neither is it modern surgery to "sit by" arguing the pros and cons of a case that clearly needs immediate operation with anyone who is so ignorant that he is unable to understand the first principles of the subject.

The following case was admitted as a private patient at the Madigan Memorial Hospital on February 3, 1917, under the writer's care. He was a man aged 25, a railroad brakeman by occupation, and was well up to the date of his accident, which occurred on January 27th. While performing his usual work he was on top of a box car that was being "set" on to a siding. In railroad parlance the car he was on was kicked on to the side track and he was standing on the brake step so as to control the momentum by the hand brake. The car was sent with quite considerable force and the patient saw that the ensuing blow would be a hard one. To keep from being knocked off from the icy step he hung on to the brake wheel with his abdomen pressed tightly against it. The blow was severe and he felt at the time of impact severe pain in the epigastrium. It seemingly became somewhat better so that he continued on with his train. About two hours later the pain became very severe, so that when he arrived home about midnight he says that it was excruciating. The next morning the pain was intense, there was general abdominal distension and no passage of flatus or stool had taken place since the accident. He was seen by a physician, who gave him morphia for the pain and cathartics by mouth. The bowels moved, but with no relief from the pain or distension. While there was a great deal of general abdominal pain the maximum tenderness was in the left upper abdominal quadrant. He continued on in this way, getting morphine and cathartics by mouth, suffering intensely until February 2nd, when he was seen by a physician in the employ of the railroad corporation. According to the attending physician an opinion was expressed that no trouble of any import existed and that free catharsis was indicated. This advice was given in the face of the fact that there was general abdominal distension, a board-like rigidity of the left upper abdomen, severe nausea and vomiting if anything was taken by mouth. From the night of February 2nd until the morning of the 3rd the pain increased greatly in severity and the patient was brought to the hospital that morning. He was suffering intensely, moaning with the pain, covered with a cold clammy sweat, had a temperature of 97° and a pulse of 54. The left upper abdominal quadrant was board-like in rigidity, it was distended more in this location than

elsewhere and the maximum point of tenderness was above and a little to the left of the umbilicus. The patient was prepared for operation and a free upper left abdominal incision made. There was a very marked distension of the transverse colon, the vessels were remarkably injected and the entire transverse portion covered with small hemorrhagic spots. There were numerous petechial hemorrhages on the anterior stomach wall. A careful examination was made of the abdomen and beyond the evidences of the blow as shown by the hemorrhagic spots the only injury was an incomplete rupture of the transverse colon. This was about the middle of the gut, perhaps a little to the left of the median line, was on its inferior surface, involved the peritoneal and muscular coats, the mucous membrane pouting through the rent, and was about the size of a quarter. The injury was repaired by a Cushing stitch and operation finished as soon as possible. The patient did not stand the operation at all well. His color and general condition were poor and there was some shock. He was given a shock enema and morphia and reacted fairly well. The day following operation he was only in a fair condition. On the second day he began to vomit, was extremely nauseated and had some distension. The stomach was lavaged until the solution was returned clear and an alum enema given. The relief was prompt and permanent. Patient was discharged from the hospital on February 17th. He was seen during the late summer and beyond some abdominal tenderness and occasional cramps seemed well.

The thing that impressed us on admission to the hospital was the frightful pain, the extreme board-like rigidity of the abdomen and the slow pulse. No one could, it seems to me, simulate such distress, for the man was writhing and unable to keep still, yet every movement caused excruciating agony. Such an injury must be rare. The case again brings before us the important lesson that, following an abdominal contusion, the persistence of, or the increase of, certain symptoms means operation. It is a futile waste of time to temporize and the delay may be fraught with peril to the patient.

DUODENAL FEEDING AND SURGERY IN PEPTIC ULCER.

By RICHARD F. CHASE, M. D., PORTLAND, ME.

From my intercourse with general practitioners I have come to the conclusion that much confusion exists regarding appropriate treatment for the various classes of peptic ulcer. The following remarks are made, in an attempt to clarify this subject, at least, in a measure.

Most internists believe that medical treatment is indicated in all uncomplicated cases of acute and chronic gastric and duodenal ulcer, and that surgery should be employed in (1) cases of perforation; (2) pyloric obstruction; (3) some cases of hemorrhage, and (4) in all cases not permanently cured by medical treatment.

Ochsner says stomach surgery (in ulcer) is limited to (1) cases of perforation; (2) pyloric obstruction; (3) hour-glass stomach, and (4) indurated ulcer. Even W. J. Mayo said in 1914: "A large number of acute, sub-acute and chronic ulcers are permanently cured by medical treatment, but if cures fail to show permanency after a reasonable time the patient should be treated surgically." On the face of these statements it would not seem that there is much difference of opinion on this question between the surgeon and the internist. But who ever knew a surgeon to decline to operate on any ulcer case that came into his hands, provided no contraindication to a surgical operation existed? When one considers, however, the results of surgery in ulcer (a possible 80% of cures) and the results obtained by medical treatment in the past (50% of failures in experienced hands, according to best observations) it must be admitted that the surgeon has been generous, at least in his verbal concessions, to medical treatment.

To the medical man inclined to thought, as well as to the surgeon, it must be apparent, judging from the results obtained, that our older medical treatments for ulcer (and I include the Lenhartz treatment) have not well met the essentials to permanent cures. It is quite generally agreed that the essentials to real cures of uncomplicated peptic ulcer are (1) as near complete rest for the stomach as is obtainable, and this means arrestment of its motor and secretory functions for a certain period of time; (2) the administration of the required amount of nourishment. It is evident our older medical methods have not fully met these requirements, whereas the popular operation, gastro-enterostomy, has more nearly done so, consequently the larger percentage of cures obtained by this procedure.

A successful gastroenterostomy, after the first day or two, (1) permits the administration of the required amount of nourishment and

(2) while not arresting gastric secretion and peristalsis, yet, by drainage, it permits the early escape of food and gastric juice from the stomach, thereby very much shortening the period of excitation of these two gastric functions, and evidently to the extent of bringing about a large percentage of cures. But cannot these essentials be otherwise and more completely met, and without a 5 to 12% risk to the patient's life and without the hardships to the patient accompanying all surgical operations? It is my contention that these essentials to a cure can be so met, and I suggest "duodenal feeding," as devised by Eniborn, as the means. This treatment entails no risk to the patient's life, and its hardships to the patient are not comparable to those of rectal feeding.

By introducing liquid food through a small tube into the duodenum, beyond the ulcer (1) ample nutriment may be provided the patient; (2) this procedure permits gastric secretion and peristalsis to subside completely, *i. e.*, there is no excitation to these functions, whereas in gastroenterostomy there is, but its duration is much shorter than in normal digestion. These statements concerning duodenal feeding are not based on theoretical grounds alone, but also upon experience. More than once I have introduced to the stomach a second tube beside the duodenal tube, and withdrawn the gastric contents during treatment. Even in cases having a marked hypersecretion and with high acidity, previous to treatment, I have usually found no secretion or acid whatever, or else but negligible quantities of the same.

I know of no means of testing the state of gastric peristalsis during this treatment, but I believe it fair to assume that its state is identical to that which results from any prolonged fast. In other words, I believe gastric peristalsis is reduced to its minimum. So that as regards these two important essentials to a cure, "duodenal feeding" complies to a greater degree than gastroenterostomy. Duodenal feeding, however, is not applicable to cases of pyloric obstruction for one reason, because the tube may not pass through the constricted pylorus. In such cases surgery alone is indicated. Surgery in ulcer cases has now been employed nearly thirty years, and its results are well known. Duodenal feeding, on the other hand, was not introduced until 1910, only seven years ago, and since there are as yet no published reports on the results of this treatment, practically nothing is known of its value, except by the few internists who have employed it in a limited number of cases. In view of these facts I feel warranted in making the following statement: Although my experience with this treatment is limited to twelve cases, seven of which were treated from twelve to twenty-four months ago, the results which I have thus far obtained, and mostly in chronic gastric and duodenal cases, lead me to believe

that this method far surpasses any other medical treatment, and that in uncomplicated cases it promises a larger per cent. of cures than has been obtained by any medical treatment or by gastrointerostomy. But even in skilled hands and in selected cases 100% of cures must not be expected, because we cannot always know when we have to deal with obscure mechanical or other conditions not amenable to this treatment. The indiscriminate use of this method, by unskilled hands, will result in a large percentage of failures just the same as has occurred in surgical operations for ulcer under similar conditions. Judging from my own experience, duodenal feeding will be found to be indicated in about 66% of all ulcers, and surgery in the remaining cases.

ADDRESS AT 25TH ANNIVERSARY OF THE WATERVILLE CLINICAL SOCIETY.

BY F. C. THAYER, M. D., WATERVILLE.

Mr. President and Gentlemen of the Waterville Clinical Society.

I shall offer no apology for the sure enough rambling address to which I am to ask your attention this evening, nor for the evident lack of preparation which its defects will readily disclose, and if, when you have heard it through, you regard it as a piece of patchwork I am bound to consider your judgment sound, and shall also be quite ready not only to admit its righteousness, but will supplement your conclusion with the suggestion that it is patchwork minus the ordinary continuity generally obtaining in such a production; indeed, that it lacks even the attempt to secure form and comeliness, and very largely displays the peculiarities of the crazy-quilt variety.

Someone has said that history is, in great part, a set of fables which people agree to believe in. This, to a certain extent, is doubtless true, for human nature, unfortunately not always to be relied upon, is quite apt to find opportunity in all relations of life to exchange error for reality, make evil take the place of good, and cover the form of truth with the mantle of falsehood.

While much which is currently accredited to authentic history is more or less a mixture of flattery and calumny, myth and fable, yet

the golden thread of truth is ever woven into the texture, binding the events and the principles which compel them together into a congruous and perfect web of strength, stability and beauty.

Retrospection fills none too important a place in the affairs of man, for it is largely through an acquaintance with past experience and endeavor that the present is made possible and understood, the future forecasted and facilitated. Ordinarily, however, man, individually and collectively, is so fully occupied with the particular matter in hand that he finds but little time available in which to trace the path which has led him to the present. The milestones of the years make but slight impression upon the individual or his aggregations, as they are rapidly left behind in the onward movement which is ever pressing humanity forward with the resistless intensity of the accumulating force of the ages. It is, indeed, only when the milestone measures a larger distance, signalizes a greater achievement, establishes the bounds of an era, or chronicles the passing of a century, its half or quarter, that we even take notice of the flight of the years.

This occasion marks such an era and chronicles the passing of the first quarter century in your history, for on Feb. 17th, 1893, twenty-five years ago, there was organized, at my house, the Waterville Clinical Society, having for its purpose the development of social intercourse of its members, improvement in all things pertaining to the medical profession, a better understanding of its duties and responsibilities, as well as the general betterment and uplift of all its activities in their various relations to the people and its members.

Fifty years ago last June I was graduated in medicine, and in the practice of that profession my long and busy life has been spent in this community. These two events quite naturally cannot fail to be more or less associated in my mind, and if in the various topics with which this address discursively deals I shall, in commenting upon events and facts peculiar to its time, hark back twenty-five years further to the days of my own embarkation on the medical voyage, it may not, I hope, be considered as altogether unwarranted. Indeed, if I were to delve into the earlier history of medicine, even though it be more or less destitute of chronological order, or, perhaps, wander into fields afar seeking to understand how the wonderful progressive march of medical science should have been due, actually begun and accomplished in the last half century, I entertain no doubt you will condone the digression.

Fifty years ago the medical mind had but just awakened from its slumbering and the smug self-confidence engendered by superstition,

primitive ignorance and the authoritative dictum of some medical luminary. To be sure, medicine had advanced very much since the days of Hippocrates. Anatomical knowledge through the efforts of Aristotle, Erasistratus, Herophilus, Versalius and a host of others had become a firm and broad foundation upon which to erect a scientific medical standard.

Physiology, too, had made great progress from the days when Galen taught the fanciful doctrine of vitalism, which maintained that the blood is endued with the "natural spirits" in the liver, with "vital spirits" in the left ventricle of the heart, and that the "vital spirits" are converted into "animal spirits" in the brain, the whole organism being animated by a "pneuma," which means a breath-air, very likely hot-air, although probably not known by that name in the ancient vernacular.

Astronomy through the discoveries of Copernicus, their substantiation by Kepler and Newton, had displaced the visionary astrology of mediæval days and had become an established science. The appeal to facts, as a foundation for all inductive science through the genius of that marvelous mental giant, Lord Bacon; the demonstration of the uniformity of causes and results throughout the history of the globe, showing its age to be thousands and thousands of years older than indicated by the ancient cosmogonies, through the masterful research of Sir Charles Lyel; the biological investigations and conclusions drawn therefrom by Charles Darwin, establishing an altogether new outlook upon the origin of species, calling in question all the hitherto accepted theories based upon dogmatic theology; the great philosophic doctrines conceived and enunciated by the master mind of his age, Herbert Spencer, showing that man and science are due to evolutionary processes rather than the interposition of supernatural agency, had all done much toward establishing a scientific basis for all thought concerning facts and their relations to each other.

Because of all these things and the more truly scientific method of regarding facts, the time had arrived when it was possible, as never before in the history of the world, to set about the establishment of a rational system of medical procedure based upon acquired facts and the orderly processes of thought.

There are, I am sure, none present who can recall medical conditions as they existed fifty years ago, and it is not easy to appreciate the truth that the medical man's ear had hardly been attuned to the keynote of modern science. As a matter of fact, the modern scientific movement did not attain its full stride till well along past the middle

of the nineteenth century. The connection between the investigation of diseases and their cause and the treatment of the sick was hardly admitted by the average man, and unfortunately too often but little understood by the physician himself. Of course there were scattered all along through the ages every once in a while an original medical mind—a genius—who had a large vision, but which unhappily could not be understood by the average physician. Harvey's great discovery of the circulation of the blood was scoffed at for a century; indeed, all the great discoveries were very generally received only after the lapse of much time and even then with but grudging acquiescence. Apropos of this truth may I ask you to recall an epoch-making paper written the year before I was born, in 1843, by Oliver Wendell Holmes, who was not only an anatomist of large repute in his day, but a poet, who had the vision of the seer and much more than a modicum of common sense, an attribute of inestimable value, not only to the man who possesses it, but also to all with whom he comes in contact. Dr. Holmes startled the medical profession and the world with the enunciation of the proposition that "puerperal fever is so far contagious as to be frequently carried from patient to patient by physicians and nurses." This great truth, resultant to the reasoning from facts to principles by the clear-cut mental processes of a truly great man, enunciated fearlessly and vigorously, should have been at once welcomed and acted upon by every thinking man in the profession. But the death rate relentlessly continued with no abatement. Not only was this great truth not acted upon generally by the profession, but the most (and there were very many more of the same kind) of the very prominent obstetrical teachers of the day, in schools of international reputation, entered the lists in vigorous, not to say acrimonious opposition, even harking back to the days when superstition held sway and the dictum of authority usurped the place of facts and reason. One of these professors said that he "would prefer to attribute the occurrence of the disease to accident or Providence, of which he could form some conception, rather than to a contagion of which he could not form any clear idea." Thirty-six years afterwards the great French scientist, Pasteur, during the discussion of this same question at the Paris Academy of Medicine, in 1879, declared that the disease was due to bacterial origin, at which the disputant retorted "that the microbe," in his opinion, "would never be found." In answer to this, Pasteur modestly stepped forward to the blackboard, and, drawing the figure of that which we now recognize as a streptococcus, dramatically said, "There it is," and sure enough there it was. And yet sixteen years afterwards, in the early

days of our existence as a society, and more than half a century after Holmes had written his wonderful paper, I can recall five fatal cases of puerperal fever occurring in rapid succession in the practice of a single medical man, and at the funeral services of one of these victims the calamity was referred to by the officiating clergyman as a dispensation of Divine Providence. So slowly, oh, so slowly does truth filter through the barriers of error and superstition and eventually find its way into the mind of man as a controlling principle.

I shall not attempt to recall the wonderful progress which our profession has made during the twenty-five years of your history as an association, or to enumerate the various steps by which the marvelous advance has been made. You have lived in an age of ideas, of intensive work, as well as in an age of iron, an age of wonderful accomplishment in science and art. It has truly been an epoch of grandeur, dwarfing all others which have preceded it. The flora and fauna which have been revealed by the aid of the microscope, and the relation to the causation of disease is a single concrete example of the scientific method which underlies this prodigious progress, and most admirably serves as a typical illustration of the untiring scrutiny of fact and behavior, the highly developed exactitude of technique and infallibility of accomplishment with which medical problems have been approached and unfolded.

Altogether, during this twenty-five-year period more progress has been made in the great creation of medicine, both as a science and an art, than in almost any achievement within the scope of human endeavor. This is as true concerning its personnel as its accomplishment in the line of prevention, cure and mitigation of disease. Not only are standards much higher, medical men much better educated, but larger and fuller requirements are demanded of them. The people themselves are also much better able to correctly determine as to the requirements of those who would treat disease, thus stimulating and making it imperative for the doctor of to-day to be mentally, morally, physically and scientifically equipped for the great work which he would do.

So much for the past. What of the future? Everything in this world either goes forward or backward; there is no such thing as standing still. The law of conservation is the continual adjustment of internal to external relations.

The history of the Waterville Clinical Society is much the same as that of other organizations of like character. It has accomplished very much in a variety of ways, but I doubt if its most ardent sponsor could find it in his heart to say that it had lived up to its opportunities. And yet to my mind its survival value is sufficiently large to

warrant its continuance, but with an enlarged scope and a greater determination to make its influence felt for the general improvement of all concerned. To accomplish this it is absolutely necessary for each individual member to broaden his own vision, forget the pettiness engendered by jealousies and commercialism, remembering only that we are engaged in the prosecution of the most beneficent work in which the real man can occupy himself, that our very best is none too good, and that we should absolutely lose ourselves in the magnitude of the undertaking.

We should not, we must not, lose sight of the fundamental truth that all development has been made possible and has arrived because of the stupendous increase in general knowledge through painstaking investigation and scientific interpretation of resultant facts; that it is by a continuance of these same methods which have been so manifestly successful in the past that the hope for a future increase must be based.

When discouragement creeps in because the task is so great, time so short, and our capacity so limited and we can do so little, we may take courage in the fact that the discoveries in the world of the infinitely small are fully as important as those in the infinitely larger; that even though our opportunities are not all that might be desired, our training not so scientific, our abilities not so pre-eminent, yet, using that which we possess of each to the best advantage, with a well-grounded determination to accomplish, we will be altogether able to overcome all handicaps, of whatever nature or however large.

That the next quarter of a century may find this association in the forefront of local medical societies must be the earnest, sincere desire of us all. To that end we should, at least, aspire, and with an open mind, a resolute purpose and an intelligent activity such result may be made as inevitable as the passing of the years.

Physicians' Office Supplies

Dear Doctor:—

Do you use good stationery? The publisher of the *Florida State Medical Journal* says: "In our profession there are few things which count more as an index of character than the stationery one uses. Credit has often been safely extended by firms knowing nothing of an individual further than this. Experienced men can do this safely on the style and character of a letter."

Do you know what your income is? *The Indiana State Medical Journal* says: "The income tax means that doctors must have a better system of bookkeeping than is practiced by the average doctor. They need not be surprised at any time to receive a visit from a revenue officer, who may ask to see all the books and private records of the doctor."

A physician's office should be a model of neatness; the furniture should be well kept. If possible, there should be indications of thrift. An office should be orderly. Books require bookcases. If medical supplies are dispensed, they should be carefully kept in place. Many patients are nervous; most are sensitive to appearances, and they may estimate the ability of a physician by the physical appearance of his office.

System is essential to success. This is a day of methods; and method simplifies work. Typewriters, cash registers, card indexes of patients and cases, credit files, loose-leaf record books, and filing cabinets are essentials of every well regulated physician's office. A satisfactory system provides for clinical records, for filing prescriptions, important case records and all other valuable information.

All these suggestions apply with equal, if not greater force, to sanitariums, hospitals, asylums, and all public institutions with which physicians are connected. Use good stationery; print letters, prescriptions and bills on the typewriter; keep carbon copies of them properly indexed and filed. Collect all accounts promptly. This is good business; and the clients you want to hold appreciate good business methods.

This JOURNAL invites your attention to the advertisements of various physicians' office supplies, appearing in this issue. In writing or making purchases from them, please mention this JOURNAL. It will identify and introduce you, if our advertisers know you are a reader of this publication. If you need some supplies not advertised here, write the publisher or our representatives, the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, and you will be promptly advised without cost to you where such goods can be obtained.

JOURNAL OF MAINE MEDICAL ASSOCIATION

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INTESTINAL RUPTURE FROM NON-PENETRATING ABDOMINAL WOUNDS.

The publication elsewhere in the JOURNAL of the valuable and successful case by Dr. Jackson calls once more to surgical attention this question, likely to ask for answer, from any of our surgeons. Other cases have been mentioned from time to time at our meetings as well as at meetings of private medical clubs. It might be well worth while for surgeons attached to the Association to think over and recall their cases and have them consolidated into one paper, which would be of permanent value to everyone likely to have cases of this sort at any future time. Statistics can be manipulated any way, and many ways, but general truths available for instruction of certain series of cases have a steady and determined value for others to go by, in emergencies of this sort.

THE VENEREAL PERIL IN CAMPS.

Would it be asking too much of surgeons from Maine, now serving as officers of the Medical Officers' Reserve Corps, to write to the JOURNAL whether or not, in their opinion, the stories regarding the immensity of the danger from this disease are real or imaginary. We notice from time to time in the medical journals of other States, reports from their local officers of the M. O. R. C. now serving in camps, complaining of the exaggeration practiced by the newspapers upon the friends and relatives of soldiers. Public confidence would be largely restored if something authentic (the signatures need not be printed) could soon be set forth, for it would be of advantage to the citizens of Maine now separated from their children and friends in the camps.

HOSPITAL IN GARDINER.

We are glad to note the opening in Gardiner, on Saturday, March 2nd, of a new hospital, the foundation of which owes much to the energy of Dr. Libby of that city. Friends contributed largely to its foundation, and it is now complete, with nineteen rooms for patients, and wards for men, women and children. There are good operating and X-ray rooms, both well equipped. The maternity ward is an excellent idea. Miss Robinson, from Houlton, is in charge. The more hospitals the better for all concerned, provided that the physicians in the locality round about have a vote in the management and in planning for those who shall enter.

FOREIGN TALENT OR LOCAL; A NEW POINT OF VIEW.

Whenever a medical association wishes to have what is called a good program, those in authority proceed to look out for foreign talent, by which we mean writers in metropolitan cities or hospitals far from the State holding the meeting. The idea of this is the hope to get something novel and attractive. There is no doubt that when a man is invited from afar he will do his best to prepare a paper of excellence, yet in some instances those that have been read before our own Association have been good enough, but incomplete. The essayist would start off with fine ideas, and elaborate them in good shape, but never make a conclusive finish. Oftener than once, invited guests have read for a while, and finished with a rambling, inconclusive talk. At other times, good papers have been read to the finish, but then carried away, the writer promising to send them back for publication, but actually intending, if a chance should offer, to read them elsewhere, and to print at leisure wherever a larger audience might be found. Last year, for instance, the Association spent a considerable sum for three excellent papers from afar; they went off well, were applauded, and the subsequent discussion proved of value to the participators. Nevertheless, after this expense, the papers in question have never been handed in, as they should have been, and for the expense we have nothing to show but a mere memory, which will soon be nothing but a name. We believe now that if papers by home talent were more often invited and then printed, the ultimate advantage of being able to print them would more than compensate for difference in knowledge obtained from papers merely read and carried away. We believe in asking for papers, that attention should be called to the fact that we intend to print them all; that the circulation of our JOURNAL is excellent at home and abroad; and that the

consultations in Maine likely to be obtained from printing a paper here are sure to be more lucrative than if printed in metropolitan journals alongside of so many competing papers. Something may also be said, in conclusion, of the difficulty of carrying on the JOURNAL, if thus deprived of its natural supply. So, too, we deplore the fact that some of our own best writers compose a good paper, and read it again and again before different societies, instead of writing fresh papers on every occasion, for the direct purpose of stimulating their own mental ability in medical literature.

SAVING OF SUGAR, GLYCERIN AND ALCOHOL IN DRUGS.

The attention of the JOURNAL has been called to a paper by Prof. F. A. Smith, of St. Paul, read at the February meeting of the Minnesota Convention of Pharmacists. The idea of the paper is to emphasize how glycerin, sugar, and alcohol can be saved during the war, and later, by changes in preparations of drugs as now set forth by the United States Pharmacopœia and similar works. Starting out with the facts that two millions of pounds of glycerine, twenty millions of pounds of sugar and an enormous amount of alcohol can be saved in the preparation of drugs, the writer goes on to show how this can be done without detriment to the profession or to their patients. It is not necessary to give up the use of these constituents entirely, because to a certain extent they act as preservatives, but certain proportions can be easily saved without interfering with this property. Where glycerin is used as a demulcent, the mucilage of sea moss can be easily and efficaciously substituted. So, too, those and similar mucilages of starch or acacia can be substituted for sugar in cough syrups. Moreover, alcohol might be saved by using half the quantity formerly directed. If this country had a Central Pharmaceutical Laboratory, many experiments in saving could be carried out. Until such an institution arrives, papers like the present, if read in various States of the Union, will do something to help. After stating his main trend of thought, Smith proceeds to enumerate for discussion at the meeting a long list of emulsions, fluid extracts, glycerites, mixtures, pills, syrups, tinctures and ointments from the United States Pharmacopœia, and from other sources many elixirs, liquors, spirits, and vinous preparations, from each and all of which sugar, glycerin and alcohol could be saved without doing harm to the preparation. To physicians who compound their own remedies, or who are well stocked now, advice is given to dilute their syrups, tinctures and glycerites in various ways. Furthermore, in extemporaneous prepa-

rations, physicians can save a great deal as suggested. Finally, much can be conserved for better national use by substituting pills in place of liquid medicines, the bases of which are largely composed of the articles which we should at this time, as well as in the future of the nation, conserve if possible. Necessity is the mother of invention, and the truth of this old saying was never more demonstrable than in these days of war. We close by commending, with emphasis, the high ideals of the writer in his suggestive paper, trust that the meeting has resulted in bringing out a proper discussion, and trust that the echoes thereof will reach even into Maine and set similar improvements in motion.

NATIONAL CONFERENCE OF CHARITIES AND CORRECTION.

We are asked to give space to a plan for a National Conference of Charities and Correction to take place at Kansas City, May 15th to 22nd, on the ground that practically every problem on the social workers' calendar is a medical problem. Here are some of the topics to be discussed: Care of Convalescents, Medical Inspection of Schools, Public Health Nursing, Hospital Social Service, Nutrition, Infant Welfare, Saving the Handicapped, Restoring the Nervously Injured Soldier for Civil Life, and so on, an endless program, as it is plain, yet one which gives food for thought to all who are socially inclined. We have for years recommended medical inspection of children in the schools, we claim that it is a national wastage not to employ the best of physicians for this purpose, and we hope to live to see one employed usefully in every settlement of people in the country.

Amongst other questions to be discussed at this conference, but a little outside of our domain, may be mentioned the dangers from foreign-born citizens remaining unamericanized. The Bulletin coming with the call for the meeting is illustrated with photographs of some State buildings in Kansas City.

We trust that some visitors from Maine will make an effort to attend this very promising meeting.

AMERICAN MEDICAL ASSOCIATION.

We are informed that the Chicago session for the annual meeting of the A. M. A., June 10-14, is going actively forward, and that

correspondence concerning hotels, clinics, dinners, and so on should be sent to 25 East Washington St. Clinics for the fellows will begin on Thursday, June 6, and continue daily, Sunday excepted, until the 11th. The dinner will be given on Wednesday, the 12th, from 6.00 to 8.00, in order not to conflict with other plans as arranged. Many ideas for social reunions are also being planned, and the meeting promises to be something unusual, in spite of war conditions.

THE BABY'S YEAR.

Last year and year before we enjoyed the pleasant spectacle of the babies' week, and in the current April to April of 1918-1919 we are to have the entire year devoted to the care of the baby, as has been done with great results in England in the second and third years of the war. The plan is to educate the people to prenatal care of the mother, care at the time of confinement, registration of births and organization of bureaus for infant hygiene and the guarding of the milk supply.

To this important topic, promising to save the lives of our quota of babies in Maine, numbering 676 to be saved, the bulletin of the State Department of Health, No. 3, for 1918 devotes much valuable space, and the items are well worth studying and considering.

ADDITIONS TO ROLL OF HONOR.

MAJOR.

G. M. Elliott, Brunswick.
J. G. Towns, Waterville.

CAPTAIN.

W. J. Hammond, Enfield.
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H. F. Morin, Bath.

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C. D. Grey, Portland.

H. S. Pratt, Farmington.

J. C. Oram, Portland.

A. A. Stott, Bath.

Chas. Underhill, Franklin.

REJECTED FOR PHYSICAL DISABILITIES.

A. S. Dolloff, Lewiston.

J. S. Jamieson, Portland,

A. L. Sawyer, Fort Fairfield,

John Sturgis, Auburn,

L. H. Trufant, Norway.

Book Reviews.

The Spleen and Anaemia.

• Experimental and Clinical Studies by Pearce, Krumbhaat and Frazier. J. B. Lippincott, Publishers, Philadelphia. Price, \$5.00.

This is a very pleasant volume to look into, anyway, for investigation of modern laboratory methods of study and diagnosis, and to study with zeal if you have any attraction for the diseases of the spleen. Part I contains a valuable and complete set of studies by Pearce, prefaced with a history of the extirpation of the spleen, and followed by nearly two hundred pages devoted to the effect of splenectomy on dogs; the influence of the spleen in destruction and regeneration of the blood; diversion of splenic blood from the liver without removal of the spleen; changes in the bone marrow and liver, and lymph nodules after splenectomy; metabolism in the dog before and after splenectomy; and a summary of all that has gone before. Part II goes into clinical observations of various types of splenomegaly; methods of value in their diagnosis and prognosis; treatment otherwise than by operation, and the value of splenectomy. The final pages of this notable monograph are devoted to a careful and sufficiently illustrated account of the modern operation of splenectomy. An extensive bibliography, including cases reported well into the year 1917, and a carefully composed index make a proper ending to a book of distinct value to laboratory, diagnostic and surgical procedures.

Nothing pleases the reviewer more than to note the proper spelling of "anæmia" and of "technique" throughout the work, whilst it is a distinct gratification to see that arteries are no longer "ligatured" but properly "ligated"; so, too, with "haemolytic," and other present-day destruction of diphthongs, which can only result in annihilation of the proper sound of many words.

This very clever monograph illustrates the value of such bequests as that for the Musser Department of Medical Research in the University of Pennsylvania, and ought to induce other rich men to found similar chairs for research.

J. A. S.

Neurological Surgery.

A Symposium by Sharpe, Kearney, Welton, Lott and McReady. William Wood & Co., Publishers.

We have received a valuable pamphlet under the above title, the various papers with skiagrams averaging about ten pages each. In this succinct form they give an admirable picture of the conditions intended to be discussed. Amongst the topics are included "The Field of Neurological Surgery" (a topic much neglected in Maine), "The Eyegrounds in Certain Intracranial Conditions," "Value of X-rays in Head Injuries," "Lumbar Puncture in Seven Hundred

Cases," and finally "The Field of Paedology," including the treatment of impaired children. All of these topics are treated in skillful style, from the most modern points of view, and the pamphlet on every page will deserve careful reading from those especially interested in children backward in their path into the world. The five skiagrams of head injuries in children are also well worth studying with a view to treatment, for such accidents are becoming much more common than of old, owing to motor car accidents in the public streets.

J. A. S.

Pamphlets Received.

Dr. Max Huehner. "Diagnosis and Treatment of Pathological Conditions in the Anterior Urethra through the Urethroscope" (41 pages), and "An Improvement on the Bang's Sound-Syringe" (1 page).

Dr. John B. Hawes, 2d, Boston. Six pamphlets on tuberculosis, such as "Progress in Tuberculosis," "Diagnostic Standards in Diagnosis of Tuberculosis," "Are Sanatoria Worth While?" (the author believes that they are), "Compromising with Consumptives," "Tuberculosis an Industrial Accident," "Tuberculosis in Infancy and Childhood," all of which have a distinct value in the study of the protean disease so common to every country. All of these are suggestive and well worth reading.

Dr. Guy G. Fernald, of the Commission for the Feeble Minded in Maine, sends us reports on the work of the Commission, including one on "The War and Our Dependents," "Maine and Her Dependents," and an essay on "The Psychopathic Clinic at the Massachusetts Reformatory." All of these items are worth consideration and study even amidst the war, for this conflict agitates the minds of all concerned, both old and young.

The State Department of Health hands us its Bulletin No. 2, on "The Work of the Diagnostic Laboratories of the State Department of Health," which contains notes on typhoid, rabies, syphilis, diphtheria, tuberculosis, meningitis, infantile paralysis and cancer, with directions for examinations and testings of specimens handed in. Charges for doing the work are outlined and specified. A special point of interest is the list of outfit stations, which should be in the hands of every physician in cases of emergency.

On our table lies also No. 1 of Vol. XIII of the Bulletin of the A. M. A., worth preserving, for it contains the Roll of Honor of all members of the Association up to the end of the year 1917, so far enrolled from the States, alphabetically arranged to Maryland. As this list includes Maine, it will be of constant value to searchers after historical facts in a plain, simple fashion. The table appended to Maine is also well worth having ready at hand when volunteering and conscription of physicians comes into force at any date.

J. A. S.

Notices.

MEETING OF GENERAL MEDICAL BOARD OF NATIONAL DEFENSE COUNCIL AND DEDICATION OF MCLEAN AUDITORIUM AT CHICKAMAUGA PARK.

This great event came off on the 11th of March, and was noteworthy, not only on account of the presence of the Surgeon General and his staff, as well as of many distinguished physicians and civilians, but of the meeting of the General Medical Board. As many as a thousand physicians attended. Surgeon General Gorgas spoke of military medical training, as brought vividly to his mind by visits abroad, and Dr. Welch spoke on the very glad news of a decline in communicable diseases of all sorts amongst our soldiers in camp. Surgeon General Blue, of the Navy, urged by telegram the great need of competent sanitarians, and Surgeon Knight summarized the great work done for the population of 100,000 in and around Chickamauga Park. Dr. Haggard gave a brilliant account of the work done by the Red Cross abroad, and Major Snow spoke on means of combatting venereal diseases in camps. Dr. Charles Mayo told how 21,000 physicians had been gathered together, selected, grouped, and card-indexed for the use of the Surgeon General's office in France and urged adequate rank for all medical men in the Army.

A committee on our nurses reported that over 18,000 women had enrolled to date for this heroic work, and emphasized the fact that without a doubt all of the 37,500 graduate nurses in the country would be needed before the war was much older. Dr. Bevan, Vice-President of the A. M. A., believed that the doctors would come in and stay in until the job was done, and Major McLean told of the plans for the Volunteer Medical Service Corps, of which we all shall soon hear enough. Altogether the meeting was a great success, and this was emphasized by a congratulatory telegram from the President.

NEW APPEAL TO PHYSICIANS TO ENROLL IN THE ARMY MEDICAL RESERVE CORPS.

Dr. Franklin Martin has issued a new appeal for enrollment of physicians, and reports that medical officers are now being called to active duty faster than they are being admitted to the Reserve Corps. So, too, the margin between those called to active duty and those who for various reasons are obliged to leave the service is steadily drawn upon, to the danger of failing to maintain enough for all possible calls.

Physicians who now come forward and enroll are advised and urged not to leave their practice until informed by the Surgeon General's office that they are soon to be called into active service. After such orders arrive, fifteen days are generally allowed for the physician to settle his affairs and to leave for the service. Representatives to acquaint physicians with the need of more enrollments are traversing the country, addressing meetings of physicians called together by their State committees.

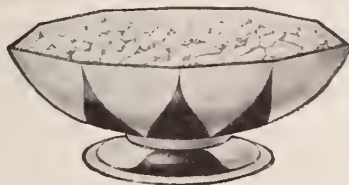
What now, with new enrollments demanded and the proposed volunteer Medical Corps, the members of the Maine Medical Association and others throughout Maine have much to think of in considering what they shall do in the war.

NEW AND NON-OFFICIAL REMEDIES.

BARBITAL.—Diethyl-barbituric acid, first introduced under the name veronal. In small doses barbitol is a relatively safe hypnotic, but fatalities have followed its indiscriminate use. It is claimed to be useful in simple insomnia, as well as in that accompanying hysteria neurasthenia and mental disturbances. From 0.3 to 1 Gm. (5 to 15 grains) in hot water, tea or milk, or, if in wafers or capsules, followed by a cupful of some warm liquid.

BARBITAL, Abbott.—A brand of barbitol complying with the New and Non-official Remedies standards. The Abbott Laboratories, Chicago.

MERCURY BENZOATE, Merck.—A brand of mercuric benzoate complying with the New and Non-official



Fitted for Digestion

*As Grains Never
Were Before*

Here are steam-exploded grains—grains puffed to bubbles, eight times normal size.

Prof. A. P. Anderson invented the process to fit every food cell for easy digestion.

Sealed in huge guns, the grains are revolved for 60 minutes in 550 degrees of heat. That means matchless cooking.

Then the guns are shot and the steam explodes. A separate explosion occurs in each food cell—a hundred million per kernel.

Puffed Rice **Corn Puffs**

Puffed Wheat

Each 15c Except in Far West

Thus every food cell is blasted. The grains are puffed to airy, toasted bubbles, thin and crisp and flimsy. They are delightful morsels. And perhaps thrice better cooked than the average grain food.

The Rice and the Wheat are whole grains. The Corn Puffs are pellets of hominy puffed.

Where ease of digestion is in question, these are the ideal grain foods.

Remedies standards. Mercuric benzoate has the properties of mercuric chloride. It has been said to be useful for hypodermic use and in gonorrhea. Merck & Co., New York.

CHLORCOSANE.—A liquid obtained by chlorinating solid paraffin. It contains about 50 per cent. of chlorin in stable combination. Chlorcosane is used as a solvent for dichloramine-T; with it solutions containing as much as 8 per cent. may be prepared. When used in a hand atomizer, chlorcosane solutions of dichloramine-T may be made less viscous by the addition of 10 per cent. of carbon tetrachloride. The Abbott Laboratories, Chicago.

BETANAPHTHYL SALICYLATE, Calco.—A brand of betanaphthyl salicylate complying with the New and Non-official Remedies standards. Betanaphthyl salicylate is believed to act as an intestinal antiseptic, and, being excreted in the urine, to act in a similar way in the bladder. It is said to be useful in intestinal fermentations, catarrh of

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the bladder, particularly gonorrheal cystitis, rheumatism, etc. The Calco Chemical Co., Bound Brook, N. J.

ACETYSALICYLIC ACID, Merck.—A brand of acetylsalicylic acid complying with the New and Non-official Remedies standards. Acetylsalicylic acid is employed in rheumatic conditions, and especially as an analgesic and antipyretic in colds, neuralgias, etc.

CHLORAZENE SURGICAL POWDER.—An impalpable powder composed of chlorazene, 1 per cent., zinc stearate, 10 per cent., and sodium stearate, 89 per cent. Chlorazene surgical powder is absorbent, slightly astringent, and forms a closely adherent film when applied to the skin. It may be dusted freely over denuded or abraded areas, cuts, wounds and skin eruptions. The Abbott Laboratories, Chicago (*Journal A. M. A.*, Feb. 16, 1918, p. 459).

County News and Notes.

ANDROSCOGGIN.

ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

The regular meeting of the Androscoggin County Medical Society was held in the directors' rooms of the National Shoe and Leather Bank, Auburn, on the evening of April 2d.

Thirteen members were present.

Dr. Norton read the paper of the evening, entitled "Some Rambling Notes on a Trip to Europe, Medical and Otherwise," which was much enjoyed.

Drs. Bolster, Call, O'Connell, Hayden, Williams, Hall and Gauvreau reported interesting cases from practice.

A. S. DOLLOFF, *Secretary*.

Bran Food

A Unique Mixture

Which Everybody Welcomes

Note the formula below.

Rolled wheat is used because everybody likes it. Rolled Oats are used to add a delightful flavor.

Then the bran—in flake form—is so hidden that one hardly thinks of bran food.

Many thousands of physicians are advising Pettijohn's. They find it a welcome dish—a dish which folks continue. On that account they find it more effective than clear bran.

It has multiplied in sales in late years, and is now the favorite bran food.

Pettijohn's

A Flaked Cereal Dainty

55% Wheat Product — 20% Oats — 25% Bran

Soft, flavory wheat and oats rolled into luscious flakes, hiding 25 per cent of unground bran. A famous breakfast dainty.

Pettijohn's Flour is 75 per cent Government Standard flour mixed with 25 per cent tender bran flakes. To be used like Graham flour in any recipe; but better, because the bran is unground.

The Quaker Oats Company

Chicago

Personal News and Notes.

Dr. W. T. Skillin has recently been elected chairman of the South Portland Board of Health.

Dr. C. R. Burr, who gave up active practice for a position on the Medical Board of the Metropolitan Life Insurance Co., with headquarters in New York City, has arranged to be in his Portland office the second Fridays and Saturdays of each month.

Lieut. J. J. Pelletier, of Lewiston, is now on duty at Garden City, Long Island.

Lieut. P. P. Thompson, of Portland, who has been assigned to a base hospital unit organized for foreign service, has just returned to Camp Sevier from a brief leave of absence.

Major W. L. Consins, of Portland, who has been home on account of illness, is about ready to report for duty. Major Cousins has recently been transferred to Camp Gordon, Ga., from Fort Oglethorpe.

Dr. DeForest Weeks, of Portland, has received a commission of 1st Lieutenant and has reported for active duty.

Lieut. H. S. Pratt, of Farmington, is in Philadelphia for instruction.

Major W. E. Kershner, of Bath, who has been home for a few days' leave of absence, has reported for duty at Camp Sevier, South Carolina.

Major W. L. Haskell, of Lewiston, ranking medical officer of the 54th regiment, has sailed for France.

We regret to note the recent sudden death of Dr. George H. Shedd, of North Conway, N. H., for many years an honored member of our Association.

Congratulations to Dr. W. N. Miner as Mayor of Calais without opposition.

The President has asked Dr. R. H. Marsh, of Guilford, Dr. T. S. Dickison, of Houlton, Dr. H. L. Bartlett, of Norway, Dr. George Swasey, of Portland, and Dr. A. K. Jones, of Old Orchard, to serve on the proposed medical section of the Council of National Defense, to enroll physicians of fifty-five and over, or those with slight physical defects, for a Volunteer Medical Service Corps. The details of this valuable plan will presently appear in the JOURNAL.

THE JOURNAL

OF THE

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Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

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MAY, 1918.

No. 10

*THE ORTHOPEDIC TREATMENT OF INFANTILE PARALYSIS.

BY ARTHUR T. LEGG, M. D., BOSTON, MASS.

Infantile paralysis, with its high mortality and terrible deformities, is a disease that has of late been prominently before the public, owing to the severe epidemics of recent years. As a natural sequence, many questions as to orthopedic treatment and its probable result are addressed to the medical profession. In this paper I will try to anticipate and answer some of these questions in regard to the early orthopedic treatment of infantile paralysis, and in order to do so will draw upon the new fund of knowledge acquired by the after-treatment of infantile paralysis in the clinics of the Harvard Infantile Paralysis Commission. It has been my privilege, since November, 1916, to conduct the clinics in the after-treatment of infantile paralysis for this Commission, and I shall try to describe our methods of examination and treatment as representing what we believe will afford the best final results for these unfortunates.

According to many, orthopedic treatment should begin at the disappearance of the tenderness. In my opinion, it should begin as soon as the acute cerebral and febrile symptoms have subsided, for it is as early as this that contractures from the early recovery of one group of muscles, where there is paralysis of the opposing group, may begin, and also as early as this some cases need protection in plaster where there is marked sensitiveness.

No active therapeutic measures should be started until the sensitive

* Read before the Maine Medical Association, June, 1917.

stage has entirely subsided, but during this stage protective treatment, such as the Bradford frame, or a plaster cast, applied to a sensitive joint in the normal position is advisable to insure perfect rest. It is our custom during this stage to give the patient hot saline baths daily. These seem to be very efficacious in the treatment of the sensitiveness. This stage of sensitiveness varies considerably, but usually lasts from a few days to a few months. Some cases show no sensitiveness whatever, while others are extremely sensitive. Any massage or manipulation while it is present prolongs it. I have now under my care a girl of twelve, whose anxious parents began massage very early; the ankles became very tender, massage was omitted for a short time, but begun again as soon as there was any subsidence of pain. This was kept up until it was nine months before any rational treatment could be started.

Before beginning any scientific treatment, a most careful and thorough examination of the muscles should be made. It is our method to go over the entire body, charting the relative strength as to whether they are normal, good, fair, poor, trace, or gone. By "normal" is meant that the muscle can perform a normal strength test, as, for example, a normal quadriceps can lift the body weight from the crouching position. By "good" we term a muscle that cannot come up to this normal test, but can overcome resistance. By "fair" we term a muscle that cannot overcome resistance, but can overcome gravity. By "poor" we term a muscle that cannot overcome gravity, but can perform its function by removing gravity. By "trace" we term a muscle that cannot perform any function, but may be felt to show some contraction, and by "gone," one in which no contraction can be felt. These tests cannot, of course, be made of all muscle groups, and in infants the more accurate tests cannot be made at all. Here the child is placed in different positions, and the voluntary movements watched, or the different muscle groups are stimulated reflexly. Where the child is old enough to aid in the examination, the actual strength of the muscle groups is taken by the spring balance test. These also are charted. It may be seen that after an examination of this kind a very accurate knowledge of the musculature of the entire body is obtained, and that intelligent treatment may now be prescribed.

From these charts the exercises for the muscle training are laid out. Where it is possible, the children are brought to the hospital two or three times a week to be given massage and muscle training by a skilled worker, and the mothers instructed in this, so that the child may have treatment daily. In the outlying districts, clinics are held and treatment prescribed. A field worker is left in the district, who visits the homes and instructs the mothers in the treatment. As is

easily seen, this cannot be as satisfactory as where they can be brought to the hospital frequently.

Subsequent complete examinations are made every three months, and the treatment changed as the case demands.

The problems which we meet in the treatment of these cases are many. The first to arise is that of deformity caused by contractures of one group when the opposing group is paralyzed or weakened. This, as I mentioned before, may start very early, and is especially true of equinus deformity, where the child with lower leg involvement naturally lies in bed with toe drop, and the gastrocnemius recovering early, causes the permanent equinus deformity. The hamstrings usually recover before the quadriceps, which causes the flexed knee deformity. Both these deformities may be easily prevented by the application of plasters, or, if seen early, by stretching. The flexion deformity of the hip is caused by allowing the child to sit up or crawl, where there are good hip flexors with involvement of the hip extensors. This may be prevented by keeping the child prone, or by constant stretching at its beginning. Where permanent flexion is present, the child stands with markedly increased lumbar lordosis. If the deformity is of long standing, operation is the only curative measure.

The paralytic scoliosis may be prevented, where the case is seen early, by stretching, corset, or jacket. Probably the most difficult deformity to treat is that occurring at the shoulder from paralysis of the deltoid. Where the pectoralis major is not involved, its contraction will pull the head of the humerus forward, and the arm hanging at the side stretches the capsule, causing subluxation. For this we use a platform splint, which holds the head in the glenoid, with the arm in the horizontal position.

The question as to when we shall allow these cases to sit up, also arises early in the treatment. It is the desire of all parents to get the child on its feet at the earliest period, and if allowed, will prop it up in a chair before there is a sign of recovery. This is one of the greatest causative factors in deformity. The foot hangs in an equinus position, favoring a contraction of the gastrocnemius; the knees are in the flexed position, favoring contraction of the hamstrings, and the thighs are flexed at the hip, favoring the flexion deformity where there is weakness of the hip extensors. The sitting position also favors deformity of the spine where there is weakness of the spinal muscles.

It is not my contention that patients should be kept in the recumbent position indefinitely, but I believe that they should be kept recumbent for from two to three months, at least, where there is considerable involvement, only allowing them to sit up for very short

periods for a change in position, and then only when they can be constantly watched for any evidence of deformity.

Again, if allowed, the parents will allow walking if the child is only able to stand, honestly believing that this will aid in the return of power, and it was only up to a very short time ago that we all believed the same. In allowing this, the already weakened muscles are given the body weight to support and become stretched, causing deformity, and from overwork become weaker than they were before. Walking, therefore, should not be allowed, unaided, until the muscles have regained power enough to perform their function properly.

This brings us to the questions as to when we shall apply braces. Braces should be applied for only two reasons. (1) to prevent deformity, and (2) to allow locomotion.

To prevent indefinitely a child from walking is, of course, undesirable on general grounds, and to allow him to walk in a deformed position is equally undesirable. Braces, therefore, have their places in cases where we know deformity will take place if walking is allowed without support—and long activity is undesirable—and in cases where there is extreme involvement of one or both legs and it is desirable to get the child about for the benefit of his general condition, and also to allow muscle groups not badly involved to get active exercise. It must always be remembered that braces favor muscular atrophy, and should be worn only when performing that function for which they are applied.

The problem of muscle fatigue is a very important one, and one of the hardest to prevent. We all know it is next to impossible to restrict the activities of a previously strenuous boy, and especially in a case where only slight impairment has occurred, but it is in just this type of case where unrestricted activity may do the greatest harm from stretching caused by fatigue. Given an only slightly weakened gastrocnemius, unrestricted walking will cause in practically all cases weakening from fatigue, followed by stretching, and an ultimate calcaneus deformity. It will thus be seen that it is of the utmost importance to guard against fatigue from over use by frequent examination, and we have seen that it is the cases that have been much restricted that show the greatest improvement.

Our chief asset in bringing back to power those muscles paralyzed, and strengthening those weakened, is massage and muscle training; by massage, we seek to stimulate the circulation in the muscle, and by muscle training, to strengthen an involved muscle by making it perform its exact function. Muscle training, if supervised by an unskilled assistant, may do great harm, for a child will inevitably use the strong muscle in performing a movement rather than the weak. Thus the

strong muscle will increase in strength and the weak one will become weaker, with a consequent overbalance and deformity. Thus without a complete knowledge of functional anatomy, an assistant is useless. So in this muscle training the weaker muscles are made to perform their exact function, that they may gain rather than the stronger, so that the normal balance may be re-established. Massage and muscle training may cause fatigue and weakening, if overdone, as in over activity. Therefore, while muscle training is our best method for regaining power in weakened muscles, it must be supervised by a very skilled person.

PROGNOSIS.

Every parent will ask, during the convalescent stage, as to what will be the outcome. If we are honest, we must admit that we can tell but very little. As to the outcome of muscles completely paralyzed, we know absolutely nothing. Where there is some power, we may say, truthfully, that there will be a gain in power under skilled treatment. How much this will be it is impossible to say.

I shall not go into a discussion of the operative treatment, beyond saying that the correction of deformity by tenotomies or myotomies should be done at any time after a reasonable attempt at stretching has failed. Transplantation should not be done before eighteen months, at least, after the onset. The object to be sought for in transplantation is the establishment of balance at a joint, provided there is enough power left to be useful in performing its function. If this is not possible, an ankylosed joint is by far more serviceable.

SUMMARY.

During the sensitive stage, the joint should be at perfect rest. No active treatment should be started until tenderness has entirely disappeared.

All beginning deformities should be corrected as soon as they appear.

An accurate muscle examination of the entire body should be made before starting any treatment.

Sitting and walking should be prohibited for from two to three months, and then allowed only when the patient can be kept in a normal position.

Braces should be applied: (1) to prevent deformity; (2) to allow locomotion.

Fatigue must be constantly guarded against.

Massage and muscle training is our best method, to re-establish power.

THE PRESIDENT'S WORK FOR THE YEAR.

BY JAMES A. SPALDING, PORTLAND, ME.

The September, 1917, number of the JOURNAL contains an account of my services for the Association up to that date, and those who care to study the labor involved by the occupant of the presidential chair may consult that number for reference. Since then more work has been accomplished, so that some account of it is due to the members to prove that I have done my duty in the position to which they elected me. I believe, also, that such an account will be of more value to members if printed before the annual meeting than if I spoke in person at that time.

After returning from Washington and Aroostook Counties in August I held many interviews with leading physicians concerning enrollment of physicians, attended meetings in the same cause, witnessed tests for aviation, and at one meeting gave much personal time to tests for vision. Many volunteers called in upon me before leaving for camps, and I was glad to see them off for duty. I motored into various towns in Cumberland and York and studied the situation of many villages dependent on one or two physicians, and convinced myself, from actual observation, that we as physicians were badly hampered in our patriotic intentions by the impossibility of denuding certain places everywhere of the medical aid absolutely necessary for the civilian populations. I also tried to plan some system of lowered fees in cases in which physicians were called to outlying districts from which the former physicians had volunteered.

I next helped in getting out a roll of honor with names of all of our volunteers, wrote letters all over the country on medical defense and health insurance, and in September I spoke at Milo before the Piscataquis County physicians. The attendance was good, and all seemed interested. I learned in Milo, for the first time, of the good inspection and welfare work done by skilled women in manufacturing corporations. Such work as this will cease if health insurance comes into Maine, and to the detriment of the employees. I expect to be able to insert in the JOURNAL some account of what has been done in this welfare work in our State. Returning from Milo I was pleased to receive, a day or two later, a very gratifying letter of thanks for my remarks at the meeting.

One day I motored to Biddeford and discussed with the medical examiner there an interesting case of 'infanticide', and wondered how it happened that none of the reports of the outcome of cases in which our examiners testified in court have ever appeared in our JOURNAL.

The Association should recognize this work as a part of community welfare, and recommend examiners on every such occasion to forward to the JOURNAL a succinct account of their testimony. This is plainly a part of the medical history of Maine, and should be printed in the JOURNAL, where it can be permanently preserved and made much more valuable than as merely turned into readable shape by newspaper reporters, ignorant of medical nomenclature. Such reports would also justify the examiners in maintaining their office for the public good.

Early in the autumn I inspected several schoolhouses and found that many of them were still defectively lighted, in spite of the well-established fact that all light should come from one side, and that side the left of the scholars. Light from three sides, even when controlled by curtains, is illogical and antediluvian for modern school rooms. The artificial light in some of our school rooms is good, as coming from above, whilst in a few it comes from the sides, which is incorrect. Care should be taken to get new bulbs whenever they show signs of giving off insufficient light.

About this time I received from a member a complaint that it had taken him a year to obtain a reciprocal license to practice in Maine after leaving another State. This I knew to be wrong, and yet when I studied similar instances in other States I found one in which a man of the highest possible standing was compelled to wait more than two years. Reciprocity on such tardy terms is a delusion and a damage to a man seeking to get the advantage of obtaining the paid-for practice of another physician leaving the State, or dying and leaving a certain valued practice to his widow to dispose of.

October brought me a handsome invitation to attend the centennial of the founding of the Medical Society of the District of Columbia, which, however, I had to decline, although I had notes to offer concerning the original founder of the society.

I now took my chances of losing practice and traveled to Bath, Bangor and Fort Fairfield to meet the various county societies in those neighborhoods. The meeting at Bath was extremely delightful, for after an excellent supper I sat at the table and had a heart-to-heart talk with the members present. Bangor gave me a splendid reception, of which I was proud and for which I remain steadily grateful. From there I made the long journey, first to Presque Isle, where I saw the physicians and the hospital, and on the next day I motored to Fort Fairfield. The meeting was very well attended, the members were much interested in all that I had to say, and we went in a body to look at moving pictures, successfully shown, of operations done under local anesthesia. After all, pictures are a wonder-

ful means of teaching all sorts and conditions of man. Coming home I had delightful personal talks with doctors from Houlton, and so ended my jaunt into the Aroostook region.

The meeting at Lewiston came off in perfect weather and went off well, but the attendance was small considering the large number of physicians living in those two large manufacturing centers, Auburn and Lewiston. But I was glad that they were too busy with patients to turn out at the meeting.

December found me visiting the Kennebec County Society, at Augusta, where the attendance was excellent, and the enthusiasm, most pleasurable for the President to witness.

Finally, April found me at Rumford, where we attended skillful operations at the hospital, talked for a few minutes, with happy effect, in five languages to as many lying-in women and their charming offspring, and after a very nice dinner I spoke as usual. Since then I have not visited any counties, being informed that it was difficult to get the members out in war times.

The disaster at Halifax brought to our very souls our own chances for a terrible calamity in times of peace, and proved the ability of physicians from Maine. The JOURNAL has already applauded the leader of our Halifax medical forces and issued a valuable account of just what they all did for Halifax sufferers. By putting this on perpetual record the JOURNAL has once more proved the need of its existence and continuation. Think of what small value to readers would have been such a paper printed in our ancient Transactions in October, 1918, of what occurred at Halifax at Christmas of the year before.

About this time, also, I wrote many letters all over the country asking about the costs and income of the JOURNAL of the State associations, the results of which will come into later discussions.

Now at all of these meetings I have spoken on about the same topics, but in different order of sequence. Health insurance I have shown up as something of which the nations are getting weary, except on the part of panel physicians in large centres of population. Rural physicians are sick of health insurance, owing to insufficient allowances for mileage. Everywhere there is a call for a higher capitation tax. Established in Germany to begin with, even the German physicians are sick to death of it, as you shall hear in detail at the annual meeting. It is true that there is talk of health insurance as being upheld by the British Medical Society, but we must not forget that that society is now in the hands of a few politicians, and of many city panel physicians who do not want to lose their wages, but to get even larger. I urge every member of our Association to vote to direct

our Legislative Committee to oppose such schemes to their utmost, and to throw the burden of the proof of the need of such a plan upon its proposers. The people of Maine are now receiving good care. Why possibly degrade it in any way?

I have invariably spoken of continuing the JOURNAL. Our Transactions had their value, but became antiquated. So long as there is any mental ability amongst physicians in Maine it is the duty of those possessing it to keep the JOURNAL alive. All that it needs now, from a medical point of view, is the handing in of papers, and of case and hospital reports. It is strange that so few men can write a paper, but it is stranger still that so many will not even try to learn how to do this, by making a beginning with a mere case report. Two type-written sheets will make a good report, and add a page to the JOURNAL. When you see your work in print, you will become interested in the work of others. I am happy to say that we have received from afar commendatory letters concerning the JOURNAL and its contents, and it is sure that those in charge have given abundantly of their time, energy and mental output to print items useful for the profession. Our surgeons, too, ought to hand in accounts of the enormously valuable material accumulating in the hospitals.

I recommend that the editor be paid for his services some moderate sum. I inform you that in one State the Secretary is made editor on a salary of \$1,000.00. Let our members recall the fact that instead of paying, as in every other State, a fixed price for the JOURNAL of their Association, it is given to them free out of their annual dues.

As a matter of finance, let me here state that the JOURNAL for 1917-18 has cost this much:

Appropriated from State treasury,		\$ 700 00
Estimated income from advertising,		1,088 95
		<hr/>
		\$1,788 95
Expenses to April 1st,	\$1,358 50	
Probable expense to July 1st,	314 40	
	<hr/>	\$1,672 90
Balance on hand,		<hr/>
		\$116 05

This proves the small cost of the JOURNAL, and emphasizes the fact that the old Transactions cost between \$400.00 and \$500.00 a year, in the days of cheap labor, paper and type, with a membership of about 400, while to-day the membership is about 740. The Transactions came once a year and were stale on reaching the members. We endured them for lack of something better. I urge the continuation

of the JOURNAL, as indispensable. If some do not like it, it is for them to put their good work and brains into its columns and improve it.

At this point, let me say something about a budget for the year. We ought to lay out our plans and assess accordingly. The Legislative Committee ought to be paid something. The President ought to be paid his mileage. How many of the members know that the constitution looks to the President to visit each of the thirteen county societies. It cannot be done under a hundred dollars, in the least. When he reaches any society, the Secretary should give him a certificate of mileage there and return, and the State Association Treasurer should pay the bills. I have corresponded with various States and find that they pay no salary to the President, but make him an allowance for stationery and sundry small accounts. This may be proper, but when any member thinks that, if he is called on consultation into Aroostook County, he is going to get \$200.00 as a minimum, it is the veriest farce to expect a President to go over the same ground for nothing at all, and to pay his own expenses both ways.

Another topic which I have mentioned in my addresses has been medical defense against malpractice suits. The committee on this topic, I am informed, will hand in at the meeting a report favoring the scheme. I find it hard to make members understand that medical defense does not pay damages. This may, however, come later after the system is in working order. But medical defense brings in a greater percentage of verdicts for the physician than is obtained by insurance. Illinois in 1917 won twenty-four cases out of twenty-nine and the others have not been tried. Members can insure also, if they please, but it is plain that a united profession behind every man on trial has a better effect on a jury than when the counsel for the plaintiff can say to the jury, "Your verdict for my suffering plaintiff comes out of the corporation and does not hurt the doctor." True for you, as the proverb says, but it hurts the doctor's business for life. A verdict against a physician is ruinous, even if he saves his money, but he will need it. The chances of a verdict against him insured are ten times greater than when upheld by medical defense. Even if insured will you remain insured after losing once? Will you get insurance after a second loss? Will insurance long continue under present losses without higher costs?

In brief, medical defense appoints the President of the Association and two sterling men a committee of consultation with the sued physician, hires a permanent attorney, who in time becomes a specialist in this sort of defense, goes to the physician who had brought the suit by careless or possibly intentional remarks, and argues with him

concerning his mistake, and finally unites, if possible, with the attorney of the insurance company and a stiff fight is put up from the start. Medical defense, in a word, is an ideal which has worked out into real practical success in every State in which it has been tried. It ought to be adopted in Maine, for already the word has gone out that insurance is going to be harder to get and higher, or even abandoned as a losing job. Let us then be ready with medical defense when our time comes, and from that insure ourselves.

Another topic which has interested me is that of what I call compulsory school physicians. We have a law by which physicians may be hired for examination of school children if the people vote the money for it. This amounts to nothing, for no town votes the money. The result we note in defective young volunteers and conscripted men, to say nothing of overcrowded sanatoriums for tuberculosis, increasing juvenile delinquency and crimes. Our members, I regret to say, seem to show no interest in this good work, favored as it is by every other nation in the world than these United States. In a paper before the Association this live, this tremendously important, national question will be enlarged upon and discussed. I look for the Association to direct our Legislative Committee to push the project, and for physicians in every settlement of people in Maine to promise to do the much needed work at a low price, as a gift to the nation of healthy children.

In talking about war affairs I have urged volunteering and enrollment, and proper statistics of the age of our members, as well as statistics of the localities in which they practice as related to others, by distance roads and so on, for although our quota may be demanded from Maine, and conscription may even come to pass, there is an undeniable duty which the older men, at all events, and certain of the younger men, owe to the civil population. Every member ought to write to his County Secretary his name, address, age, general health and locality, so that a perfect knowledge of the medical resources of the State, so far as relates mutually to the nation and to the State, shall be defined and placed on record. Whether this has yet been done, or not, is beyond my knowledge, but it is not too late even now, when new demands for volunteers are made upon us.

I have also emphasized the carrying out of the provisions of the law for registering all births immediately after the infant has arrived. Many physicians neglect this, as of no value, but they see their error when shown that on the day of the birth of a child may depend a later conscription for army service, or the inheritance of money.

Much attention has been given to the war to the psychology of

the German people and to that especially of the Kaiser, who remains to the student of psychology as the representative of a race which dreads democracy, and which represents inherited taints of many diseases. A man who has suffered from attacks of epilepsy, who suffers from outbursts of maniacal passion, who is brutally indifferent to the shedding of human blood and the ruin of men, women and children alike in his insatiable appetite for power, is a man to be feared and to be opposed to the bitter end. Nor have I forgotten to remind my listeners that any day we are subject to bombardments from submarines or cruisers or air machines, so that we must get ready and we must be on our guard.

In conclusion, let me say that there has not been a day, and hardly has there been an hour of the working day, when I have not labored incessantly for the advancement of the Maine Medical Association, and for the thanks sent on to me by letter, or given me silently by a passing hand shake, I am very grateful indeed, as a testimony of approval.

Necrology.

GEORGE HOSLEY SHEDD.

NORTH CONWAY, NEW HAMPSHIRE.

This genial practitioner of medicine, superior surgeon, and admirable friend to so many of the members of our Association, died very suddenly at his home in North Conway, March 20, 1918. Born



February 13, 1853, at Waterford, Maine, the son of George and Rebecca Frost Shedd, he always retained fond admiration for his native State. He obtained his medical degree at the Bowdoin Medical School in 1879, settled at once in Bartlett, New Hampshire, remained there for four years, then settled in Fryeburg, Maine, where he had a fine career for seven years, and finally in 1891 he removed to North

Conway, where he established a practice for fifty miles around for the rest of his exceedingly active life. He was a remarkable man in many ways, excellent as a practitioner of medicine, a man of fine personality, and in the latter years of his life he became a very clever surgeon, keeping up-to-date in all the latest operations. He belonged to our Association from the beginning of his shining career, and in the early years of his membership was frequent in his attendance at our meetings. Later along we missed him on the floor of the meetings. Our Transactions contain a very excellent paper of his at "Chronic Lead Poisoning," one which attracted attention when read at the meeting and interest when printed in our archives.

When, in 1911, the Merriams founded the North Conway Memorial Hospital, Dr. Shedd was asked to take sole care of its building and maintenance, and from that time until his death he was at the head of it all, but soon associated with himself the well educated abilities of his brother, Dr. John Shedd, and of his own son, Dr. Harold Shedd, both of whom survive. The hospital, under so clever a management, had a long and successful record of successes in medical, surgical and obstetrical practice.

Dr. Shedd belonged to many societies, was a leader in his place of practice, consulted also concerning the progress and development of the town, served as medical examiner for many years, and at last became a F. A. C. S., a rank which he deserved for his surgical successes.

Dr. Shedd had been in rather delicate health for some time before his death, but kept at his work, as usual, until a few days before his last illness, which came on suddenly and terminated rapidly. His ambition as a student of medicine was to stand as near to the top of the profession as he could get, and that ambition was reached in every town in which he practiced; and that, without trampling upon the rights of other physicians about him, or climbing up at their expense.

LIEUTENANT WYVERN ALMON COOMBS.

M. R. C., U. S. A., M. D., WESTBROOK.

We regret to announce the sudden death, at the very early age of twenty-seven, of our former active and promising associate, Dr. Coombs, of Westbrook. He was thrown from his horse at Camp Greenleaf, Fort Oglethorpe, Georgia, on Saturday afternoon, April 1

20, and died as the result of serious injuries so received on Tuesday, the 23d, following, in spite of the best of care. This young and capable physician was born in Deer Isle, October 10, 1890, a son of Tyler W. Coombs, and after obtaining his degree at the Bowdoin Medical School in 1913 he was a skillful interne at the Boston Floating Hospital for a year. He then settled in Westbrook, where he was building an excellent practice, when he volunteered his services for the war. Whilst in training for the front he has died from this curious and unexpected accident. His name goes upon our permanent roll of honor as one who fell in his country's service just the same as if he had been killed in action across the seas in France. A military funeral was given him at the place of his birth, and to his memory we here add the simple encomium of a brave volunteer to help uphold the banner of the free.

NEW AND NON-OFFICIAL REMEDIES.

During April the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Merck and Company:

Cresol-Merck.

Guaiacol Carbonate-Merck.

Quinine Dihydrochloride-Merck.

Quinine and Urea Hydrochloride-Merck.

Thymol Iodide-Merck.

Medical Societies Meetings.

A. M. A. MEETING.

THE CHICAGO SESSION.

LIST OF CHICAGO HOTELS RECOMMENDED BY THE LOCAL COMMITTEE ON ARRANGEMENTS.

The local Committee on Arrangements, on recommendation of its sub-committee on hotels, urges that those who plan to attend the Chicago session, June 10 to 14, should make their selection and write directly to the hotel, stating the accommodations desired and indicating the rate they are prepared to pay. The management of the hotel should be advised of the day on which guests expect to arrive in Chicago, and the length of time they plan to remain. If, in any instance, a satisfactory arrangement with some one of the hotels is not made, write to the chairman, sub-committee on hotels, Dr. C. J. Whalen, 25 East Washington Street, Chicago.

MAINE MEDICAL ASSOCIATION.

MEETING OF COUNCIL AND DELEGATES.

The meeting of the Council and Delegates will be held at the Congress Square Hotel on Tuesday evening, June 4th. As there will be a large amount of important business to transact it is urgent that every county should be fully represented. The county officers should see to it that their delegates attend or appoint alternates to fill their places. The following is the list of delegates as correct as I have been able to make it from the reports received. If there are any mistakes the County Secretaries should write me at once.

BERTRAM L. BRYANT, *Secretary.*

PROGRAM.

Tentative program for annual session, to be held in the City Building, at Portland, Maine, on Wednesday and Thursday, June 5 and 6.

First meeting of House of Delegates on Tuesday, June 4, at 8.00 P. M., in the Sun Room, Congress Square Hotel.

WEDNESDAY, JUNE 5.

9.00 A. M.

- (a) "Health Insurance," F. G. ROWE, M. D., AUGUSTA
Discussion opened by W. F. Hart, M. D.

- (b) "Maine's Defective Delinquents and Backward Children,"
GUY G. FERNALD, M. D., Augusta

- (c) "The Need of Compulsory School Physicians,"
J. A. SPALDING, M. D., Portland
Discussion opened by Dr. Augustus O. Thomas, State Superintendent of Schools

2.00 P. M.

- (a) "Chronic Lesions of the Stomach,"
B. L. BRYANT, M. D., Bangor

- (b) "A Consideration of the Treatment of Peptic Ulcer,"
Report of forty cases, R. F. CHASE, M. D., Portland

- (c) "A Neglected Means of Diagnosis in Circulatory Diseases,"
S. J. BEACH, M. D., Augusta
Discussion opened by T. E. Hardy, M. D., Waterville

8.00 P. M.

Banquet for ladies and gentlemen at Congress Square Hotel, followed by the President's annual oration.

THURSDAY, JUNE 6.

9.00 A. M.

- (a) Possibly, Symposium on Tuberculosis, under direction of T. E. Hardy, M. D., Waterville.

- (b) "Indiscreet Remarks by Doctors in Malpractice Cases,"
H. T. WESTON, M. D., Hartford, Conn.,
Chief Medical Examiner of Etna Life Insurance Company

2.00 P. M.

Slides illustrating the subject of "The Conservation of Vision,"
J. A. SPALDING, M. D., Portland

Report of Necrologist.

Elections.

Adjournment.

DELEGATES TO MAINE MEDICAL ASSOCIATION, 1918.

ANDROSCOGGIN.

Ernest V. Call, Lewiston.
William Ness, Lewiston.

AROOSTOOK.

F. E. Bennett, Presque Isle.
W. E. Sincock, Caribou.

CUMBERLAND.

G. A. Pudor, Portland.
C. H. Hunt, Portland.
Owen Smith, Portland.
W. B. Moulton, Portland.
E. W. Gehring, Portland.
F. Y. Gilbert, Portland.

FRANKLIN.

O. B. Head (last year), New Sharon.

HANCOCK.

Lewis Hodgkins, Ellsworth.

KENNEBEC.

F. E. Strout, Gardiner.
L. K. Austin, Waterville.
O. C. S. Davies, Augusta.
K. B. Sturgis, Winthrop, alternate.

KNOX.

W. M. Spear, Rockland.

OXFORD.

D. M. Stewart (last year), So. Paris.

PENOBSCOT.

G. M. Woodcock, Bangor.
W. E. Fellows, Bangor.
W. P. McNally, Bangor.
D. A. Robinson, Bangor, alternate.

PISCATAQUIS.

E. T. Flint, Foxcroft.
A. H. Stanhope, Foxcroft.

SAGADAHOC.

C. A. Peaslee, Bath.

SOMERSET.

S. F. Green, Solon.

WALDO.

L. F. Fairchild, Searsport.

WASHINGTON.

C. M. Armstrong, Robbinston.
N. B. T. Barker, Woodland.

YORK.

H. L. Prescott, Kennebunkport.
David E. Dolloff, Biddeford.
Frank W. Smith, York Village.

COUNCILORS.

F. N. Whittier, Brunswick.
G. L. Pratt, Farmington.
A. F. Williams, Phippsburg.
Oliver W. Turner, Augusta.
W. N. Miner, Calais.
B. L. Bryant, Bangor.

FOOD PRODUCTS

Dear Doctor:—

War is making great demands on our food supply. It has made an accurate knowledge of the uses of cereals, meats, fish, milk, eggs, butter, oils, and many forms in which our food products are now being manufactured, a very important part of the physician's work.

War Conditions New conditions not only demand the exercise of all the skill, but the trained intelligence of physicians, to provide the special kinds of diet best adapted to the ages and physical requirements of the public, as well as their patients. War conditions also make it imperative that physicians who buy for their own families, for sanitariums, and other public institutions, whose thousands of inmates are to be fed, be thoroughly familiar with the constituents of bread, meat products, fish and many new foods which changed conditions have produced.

The Selection of Proper Diet Friedenwald and Ruräh in "Diet in Health and Diseases" (W. B. Saunders Co.) say: "Food is required for two purposes: To build up the body and repair tissue-waste; and to supply energy and heat . . . Every act consumes energy . . . The quality of food required varies necessarily under special conditions. The adult requires more food than does the child; a man at work more than one at rest; an emaciated individual less than when he was in a robust condition. The selection of a proper diet is dependent upon a knowledge of the amount of the three elementary substances, proteins, carbohydrates, and fats, necessary to maintain the nutritive equilibrium and consequently the body-weight."

New Food Products The Journal of the American Medical Association (March 9th) discusses "New Food Products," the use of which it is said is being encouraged by government authorities. These include fish, both shark and whale meat; the canning of evaporated vegetables, such as carrots, turnips, potatoes, onions, peas and beans; bread made from bananas, sweet potatoes, bread-fruit, etc. In fact, so much public interest is now centered in the food supply, that new substitute foods are not only "encouraged" by the government, but are being manufactured. There are a large number of new "nut" butters on the market, besides many animal oleomargarines. It is highly important in these times of "food conservation" to make extensive use of the many vegetable oils, such as peanut, coconut and olive; they also have a high caloric value. Necessity and opportunity have stimulated the manufacture of new food products. No physician will keep abreast of the development of all lines of foods, unless he gives this subject his careful attention.

Relative Food Values Physicians should be familiar with the relative food values of wheat, corn, oats, barley, rice and other cereals. What percentage of proteins and carbohydrates are found in meat, eggs, fish, milk, potatoes, beans, corn? Which foods are best adapted to particular conditions? What are the relative dietetic values of malted foods, grape juice, baking powders, gelatins, condensed milks, and the scores of other well known food products?

We invite the attention of our readers to the FOOD PRODUCTS discussed and advertised in the pages of this Journal.

QUAKER OATS COMPANY

HEBE COMPANY

PETTIJOHN'S FOOD

POMPEIAN OLIVE OIL

THE FLEISCHMANN COMPANY

JOURNAL OF MAINE MEDICAL ASSOCIATION

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DR. G. A. NEAL, Southwest Harbor.

DR. F. H. WEBSTER, Rockland.

Editorial Comment.**LETTER FROM OUR STATE SECRETARY CONCERNING
THE CHICAGO MEETING OF SECRETARIES, APRIL 30.**

We print the following letter from Dr. Bryant, in order to call special attention of our members to the full report of this important meeting as printed in the *A. M. A. Journal* for the current week, and to which every member ought to turn, at this crisis in the medical profession.

"*Dear Dr. Spalding.*—The whole proceedings of the meeting will appear in this week's *Journal*. The meeting was interesting and took up the whole day. Dr. McDavitt, of Minnesota, was chairman, and all the Secretaries reported for their individual States. President Mayo and his successor spoke. The greater part of the time was taken up in discussing the ways and means of raising the seven thousand physicians—two for the Navy and five for the Army—that are needed at once. It is the purpose of the A. M. A. to use the machinery of the State and County Societies to do this. It was voted "That the Secretaries assembled at the request of the A. M. A. request the President of their respective State Associations to appoint a War Committee of three members immediately for the purpose of co-ordinating the profession of each State for war work." The idea is to have small committees in each State to work with the War Committee of the A. M. A., for the purpose of raising physicians for the Army and Navy as they are needed, the methods of work to be planned later on. It was suggested that a census of the physicians of each State be made where it had not already been done. Some States have already been organized by the Council of National Defense, together with the Secretaries of the State Associations, especial attention being paid to the

guarding of rural communities as much as possible. A fairly complete census of our State has already been made by the A. M. A., and copies will be sent to the State Secretaries as soon as they are finished. Before leaving I received a request for the date of the Maine meeting from the Council of National Defense, I presume for the purpose of sending a member to that meeting. It is also the intention of the War Committee of the A. M. A. to have a member present. Therefore provision for them should be made by the Committee of Arrangement.

"It is not the purpose of this new committee to interfere with the work of the State Committee of National Defense, where they are still organized and doing good work. Whether or not we shall be able to do much in Maine before the meeting of the Association is a question. Gen. Gorgas is evidently in a hurry for these new men, and we had better be thinking it over.

Very truly,

B. L. BRYANT."

The letter speaks for itself and will need careful thought at the meeting in June. Nothing can be done until that time, and the three weeks now intervening give us a chance to consider ways and means to help the nation.

ANOTHER INDUCEMENT FOR MEDICAL MEN TO ENTER THE SERVICE.

Many medical men who have dependents at home have felt that they could not make both ends meet on the salary of 1st lieutenant. A bill recently signed by the President allows commutation of quarters to all officers in the service. To every commissioned officer in active service who must provide elsewhere than at his post of duty, for his wife, child or dependent parent, the government will add to his regular salary the following amount, according to rank, viz.: 1st lieutenant, \$36.00 per month; captain, \$48.00 per month, and major, \$60.00 per month. This will add \$432.00, \$576.00 and \$720.00 respectively to the present salary of lieutenant, captain and major.

There is also some question as to whether a double allowance will be made to those in foreign service, dependent on the rulings of the Comptroller.

It should be borne in mind that Maine must raise one hundred physicians in the next few months and continue to do her share in each new quota to be raised in the future. If the medical men under fifty-five do not avail themselves of the opportunity to apply for a commission, the government will take necessary measures to secure their services.

Efficient medical service is one of the most important essentials in the winning of this great war, and every physician should consider this question seriously.

Our government is preparing for a long war and is now at the beginning of its preparation. It will be necessary to raise an army of 5,000,000 men at least, and the demand for medical men will come more frequently and will require every available physician under fifty-five years. France and England are practically destitute of medical men, as their medical schools were closed at the beginning of the war and have remained so to the present. They are calling for physicians from this country. It is time we should all wake up to the realizing sense that we are at war and that the country needs our services. Why not take advantage of the government's offer and apply for a commission at once.

THE ORTHOPEDIC TREATMENT OF INFANTILE PARALYSIS.

Owing to delays and misunderstandings, we are only printing, at this late date, the attractive paper under the above title which was read by Dr. Legg, of Boston, and so well received at the annual meeting in 1917. The paper is based on discussion of the early orthopedic treatment of this infantile disease, as improved by a new fund of knowledge acquired by the after-treatment in the institutions of the Harvard Paralysis Commission. The mere fact that Harvard so far recognized the danger of the disease as to appoint a commission to study it from beginning to end proves the seriousness of the epidemic of the previous year.

No treatment should begin until the sensitive stage has passed, which varies from a few days to months. It should be started by muscle measurements, by which an accurate knowledge of the musculature of the entire body is ultimately obtained. From this basis muscle training is laid out, by massage and training applied at stated intervals, and follow-up work at home. Various methods of treatment are then described, and the general development of treatment is clearly laid down. Valuable suggestions are added concerning the prognosis, and physicians will be glad for the hints in this direction mentioned in the paper.

The summary is plain and simple, and the entire paper, though brief for so important a topic, goes directly to the point. So far infantile paralysis remains a serious problem, no matter from what point of view it is envisaged, and our efforts must be concentrated to discover, if we can, a cause of this curious affection, which leaves so many patients, young or adolescent, apparently cripples for life.

UNITED STATES NAVY MEDICAL DEPARTMENT IN THE FIRST YEAR OF THE WAR.

Having to take charge of the health of 300,000 men scattered all over the world, under widely varying temperature conditions, from a naval station in the tropics to a torpedo boat in the British Channel, this humanitarian and civilizing work has not only gone on uninterrupted for the year, but it has increased in scope, for thousands of civilians in navy yards and stations have received the best of care. More than 10,000 patients were treated and many hospital improvements completed. We now have four hospital ships with beds sufficient for present needs, a total of 1,875 medical officers in place of 375 as of old, and 245 dental surgeons in place of the former 30. Nurses have increased in number from 160 to 880, and the Hospital Corps from 1,600 to 7,000, with 100 medical and dental students subject to call. Twelve thousand navy beds in hospitals of all sorts have become available, and in the wards of various institutions affiliated with the service are 3,000 additional beds ready at any time.

Difficult problems in regard to sanitary and hygienic conditions in camps were a source of anxiety, the average age of sailors being under twenty, susceptible as they were to disease and with less than average ability to resist it. The Bureau housed its recruits in small units, with ample floor and air space, giving a minimum standard of fifty square feet to each man. The organization of the Bureau of Medicine and Surgery is simple, and with but slight modifications from that prevailing for many years.

We note with gratification this excellent report, and from personal letters we are glad to be assured that our sailors and employees in navy yards and at naval stations are receiving, as they have for the past year, the best of medical and surgical care.

CAMPAIGN TO PREVENT THE SPREAD OF NASO- PHARYNGEAL DISEASES.

Surgeon General Gorgas is appealing to all newspapers and journals to say a few words about the spread of diseases above mentioned through incautious contact or propinquity to those suffering therefrom and who are unable to prevent themselves from coughing, sneezing and spitting. Starting out on the basis that the severest epidemics in camps of the National Army during the past winter have been due simply to communicable respiratory diseases, General Gorgas urges all persons in civil life to take the greatest possible care from getting near to others unafflicted, and to prevent as far as possi-

ble coughing, sneezing and spitting. If these acts become unconquerable, the sufferer is besought to cover his mouth, or nose, with his handkerchief and to sneeze, cough, and spit as much as he can inside of himself as it were. Many fluent speakers, also, can often be seen to throw out little droplets of saliva from their busy tongues and rapidly moving lips, and it is advised likewise not to come too near to such for fear of communication of some form of respiratory disease. When you talk don't get too near to your companion, no matter how important the message, and if it is very important it can be better communicated whispering into the ear, than in a plain voice too close in front. If the speaker will not let you free, then keep your own safe distance from him.

"A word to the wise is sufficient," says an old proverb, but now we may originate another of six: "Don't sneeze, don't cough, don't spit."

UNIFORMITY IN NAMES AND TERMS TO BE EMPLOYED IN MILITARY SURGERY.

In view of the confusion arising from the use of different terms used in medical groups to designate the same things, it has been found advisable to set up a national conference concerning the adoption of a uniform nomenclature. An informal start has already been made in the offices of the medical section of the Council of National Defense.

In a small percentage of cases the same diseases are designated by different terms. So, too, identical injuries, operations, dressings, diagnoses and methods of treatment are, in different branches and different localities, given different names. Actually, the same symbol ought to mean the same condition. Moreover, abbreviations in the medical records, histories, orders and laboratory reports vary a great deal. Hence it is plain that a means of rapid understanding of the same nomenclature and the same abbreviations should be obtained and used.

The net result of the first meeting toward this end was to move that the Surgeon General of the Army and of the Navy, and of the Public Health Service, should name representatives to confer upon this important matter. When such a list should be prepared, representatives of leading national bodies should meet and carry the plan into effect. After such a general agreement, all medical officers, on returning home after the war, would bring the lists of terms into general use in all the hospitals, from which they would in time gradually extend into general practice.

War Notes.

We offer to the readers of the JOURNAL for May a list of annotations concerning the war, enrollment of physicians, or volunteering, and although parts of these notes may have already been issued elsewhere, the topics are of such vital importance, daily, until carried out, that we make no excuse in printing them as our share of the good work demanded of the Association as a whole. It is only by going over these questions again and again that we can get them solved and put into working order. Democracy is in some respects a chaos, out of which, however, in due season, much order arises. There can be no doubt that in time the physicians of Maine will do their proper share of work for our soldiers whenever needed.

A CALL FOR VOLUNTEERS.

Medical Reserve Corps—An Appeal from the Surgeon General

The JOURNAL has received from Surgeon General Gorgas an appeal for more volunteers from the ranks of physicians of Maine to fill up gaps in the Medical Reserve Corps. This letter runs substantially as follows:

I wish to call the attention of the profession to the urgent need of additional medical officers. As the war goes on the need for more officers becomes daily more plain. Although the medical profession of the nation has responded as no other profession, further responses must become greater and greater. The Department has about reached the limit of medical officers available for assignment. I am therefore appealing to you to bring to the attention of the profession the need for more volunteers. So far our country has been involved only in the preparatory phase of this war. We are now about to enter upon the active or the fighting phase, which will make enormous demands upon our national resources. The conservation of these, especially of man-power, depends absolutely upon an adequate medical service. The papers publish a statement that by the end of the year a million and a half of our men will be in France. Fifteen thousand medical officers will be needed for that army alone. There are to-day on active duty 15,174 officers of the Medical Reserve Corps.

Within the next few months the second draft will be made, to be followed by others, each of which will need its proportionate number of medical officers. There are now on the available list of the Reserve Corps an insufficient number of officers to meet this draft.

I cannot emphasize too strongly the supreme demand for medical officers. Will you not give your assistance to the Department in obtaining them? It is not now a question of a few hundred medical men volunteering, but of the entire mobilization of the profession throughout the country. Applicants should apply to local Boards nearest their homes.

The requirements for a commission in the Medical Reserve Corps are that the applicant shall be a male citizen of the United States, a graduate of a reputable medical school authorized to confer the degree of M. D., between the ages of 22 and 55, and professionally, morally and physically qualified for service.

With deep appreciation of any service you may be able to render the Department, I am,

(Signed)

W. C. GORGAS,
Surgeon General U. S. Army.

VOLUNTEERS FOR THE MEDICAL RESERVE CORPS— A SUGGESTION.

We print elsewhere a letter from Surgeon General Gorgas, which speaks for itself, but fails to answer the frequent complaint that many physicians have volunteered, but have been rejected for minor physical disabilities. It seems to the President of the Association, that too much stress has been laid on perfect men in the Reserve Medical Corps. It is desirable, of course, that as many men as perfect as possible should be chosen to serve, provided, of course, that their medical abilities are consonant with the demands made for such service in times of war. Too much stress has, however, been laid on minor disabilities as unfitting a physician to do good work in war. Many men have been turned down for a slight loss of hearing in one ear, less than the normal amount of sight in one eye as tested by types with varying illumination (and no one standard at that), or a few less than the normal number of teeth, whilst exaggeration has been laid on slight deformities of figure and defects in the fingers. Other disabilities might be added to this list, but none of them would ever interfere to prevent a physician from giving the best of his knowledge and skill to wounded soldiers.

It is the opinion of the writer that a new standard of capacity as a member of the Medical Reserve Corps should be set up for the profession as a stimulation to volunteering for the war. Such a standard would read something like this: A man is to be considered efficient as a volunteer physician who, in spite of a bent finger, or slight loss of hearing in one ear, or of slight loss of sight in one eye, or slightly defective teeth, has been able to compete successfully with other medical men in daily work in city or country practice for the past five years without a breakdown, or needing more than the usual yearly vacation of average length. Such men as these would do as good work for our soldiers as others who happened to be physically perfect.

Finally, it cannot be expected that men between the ages allotted to volunteer physicians, say 22 to 55, can all be physically perfect, so that the demand becomes unreasonable when physicians are called upon to pass tests for physical ability not demanded from any other workers in the war of those ages.

MAINE'S SHARE OF VOLUNTEER PHYSICIANS.

In addition to the letter from Surgeon General Gorgas, which is commented upon elsewhere, the JOURNAL has received from the General Secretary of the A. M. A., Dr. Craig, a stirring appeal for more volunteers for the Medical Reserve Corps. To this the JOURNAL replies that Maine will undoubtedly fill the quota of volunteers demanded from her, in due season. The great difficulty in a prompt answer to such an appeal lies in our very scattered population, and in many very large districts of territory being actually served by a single physician in these times of stress. It is unfair that every settlement should be denuded of all of its physicians for war to the detriment of the civil population. With the actual state of affairs from this point of view the County Secretaries are largely familiar, and with their capable assistance a census of those settlements which ought not to be deprived of their regular physicians, or of substitutes willing to come from adjacent centers at reasonable fees, should be made at once. If this has been made before, then it should be reviewed to date and handed in to the Secretary of the State Association.

This, now, should be the starting point of inquiry: How many physicians can Maine spare from her towns and villages? Next

comes the vital question: Is it not fairer for all concerned that physicians from the large centers of population should make the sacrifice and volunteer their services than for those in smaller places? Cannot the institutions in the larger centers of population, with their staffs and understudies, take care of all possible civil medical and surgical emergencies? More physicians, anyway, institutions or none, can be better spared from the larger centers than from the smaller settlements of people. So, too, the older men in our ranks must wake up and put on their armor of practice anew, and help out in every possible way, office calls, day calls, or night.

When these points have been settled, a better suggestion for names of physicians who ought to stay can be made, and the task of volunteering then becomes clearer to those who are patriotically resolved to do their duty so far as they possibly can.

Five thousand volunteer physicians are needed to-day for the Medical Reserve service. Where can Maine best spare her quota of one hundred so much needed? It is a question of great importance, and one that should be solved by wide, open discussion at the annual meeting in the first week of June. Until then let every physician between the ages of 22 and 55 think seriously, and again, very seriously, of the terrible state of affairs facing not only this nation, but the world.

MINOR PHYSICAL DEFECTS IN VOLUNTEERING PHYSICIANS—A PERSONAL LETTER FROM THE SURGEON GENERAL OF THE ARMY.

The President has received and herewith offers to the members of the Association a very valuable letter from the Surgeon General's office. It will undoubtedly induce many of our very useful men to volunteer at once, and of those who have before been excused for minor physical disabilities to try again. War is hard business, but cannot many of us see how great a benefit it will be to the nation to volunteer, and to ourselves to get out of the yearly rut of a private practice, with all its inconveniences? Every physician seen on our streets in khaki is ten times the man that he was before he volunteered for the assistance of the nation.

The letter speaks for itself.

April 18, 1918.

DR. JAMES A. SPALDING,
62½ Congress Street,
Portland, Maine.

My dear Dr. Spalding:—In reply to your letter of April 15, the Surgeon General directs me to say that you have evidently been misinformed as to the character of the defects which have resulted in rejecting applicants for appointment in the Medical Reserve Corps. The requirements in regard to teeth, vision and hearing are all very liberal.

Your attention is invited to the fact that average military service is much more trying physically than is private practice. Nearly 1,000 officers of the Medical Reserve Corps have already had to be discharged for physical defects since the declaration of war.

In the opinion of the Surgeon General this is sufficient evidence that the Department has not been over careful in selecting those appointed. It is an injustice to the individuals, as well as an unnecessary expense to the government, to take into the service those who are manifestly incapacitated for active military duty. The time may come when physicians will have to be divided into two classes, those who can give only qualified service and those who are fit for duty with troops. This would very much complicate the administration of the Department, but if it becomes necessary the plan will be put into operation.

Yours truly,

R. B. MILLER,
Colonel, Medical Corps, N. A.

VOLUNTEER MEDICAL SERVICE BOARD.

As there seems to be some lack of knowledge of the precise duties of this committee lately appointed by the President of the Association, it may be said, in a general way, that it is composed of physicians who are not eligible for the Medical Officers' Reserve Corps, for the purpose of establishing a medical organization to meet such civic and military needs as are not already provided for. Their duties shall be to consider the applications for membership in the Corps from different States and to submit recommendations regarding these applications to the Central Governing Boards, and to perform such other duties as may hereafter be deemed essential to accomplish the purposes for which the Corps was created. From this it will be seen that so far the duties of this Board are simply advisory, when called upon from Washington to perform some special work in their respective states.

THE LOW POSITION OF MAINE PHYSICIANS IN THE NATIONAL ENROLLMENT.

Do the physicians of Maine recall the fact that our State stands nearly at the foot of the list of the forty-nine in the Union on its percentage of enrollment? As officially reported up to the end of March, 1918, we stand No. 46 out of forty-nine States. Possibly our low rank is due to the scattered distribution of physicians. The question of denudation of medical supply ought to be plainly discussed at our next meeting, and from the censuses which ought to be furnished by every County Secretary a better choice for selection of physicians might be made. If statistics amount to anything, Nevada may go to the head of the list of States, whilst Arkansas stands at the foot. Maine's quota out of 1,205 physicians has been filled up to 145, at the last accounts, a percentage of about 12%. It is to be hoped that more volunteers will come to the rescue and that an enforced selection will not have to be made. The letter from Surgeon General Gorgas gives several a chance to try again.

County News and Notes.

CUMBERLAND.

CUMBERLAND COUNTY MEDICAL SOCIETY.

The regular meeting was held at the Congress Square Hotel, April 12, 1918.

Meeting called to order at 8.00 P. M. by the President, Dr. Chas. B. Sylvester.

Records read and approved. Dr. James A. Spalding, President of the State Association, read a letter from the Surgeon General of the United States Army, who urged the greatly increased need of volunteers for the Medical Reserve Corps.

It was voted to appoint a temporary Treasurer of the Society to fill the place of Dr. DeForest Weeks, who has entered the government service. The Secretary was appointed.

It was voted that delegates to the State Association be appointed by the President, who named Dr. G. A. Pudor, Dr. W. Bean Moulton, Dr. Edwin W. Gehring and Dr. Frank Y. Gilbert, all of Portland. The complete delegation is as follows: Dr. G. A. Pudor, term expires April, 1919; Dr. C. H. Hunt, term expires April, 1919; Dr. Owen Smith, term expires April, 1919; Dr. W. Bean Moulton, term expires April, 1920; Dr. E. W. Gehring, term expires April, 1920; Dr. F. Y. Gilbert, term expires April, 1920.

Dr. Spalding spoke at length about having only one dinner at the coming State meeting.

Following Dr. Pudor's motion, it was voted that the President appoint a committee of three to attend to the entertainment of the State Association. The chair appointed Dr. G. A. Pudor, Portland; Dr. F. W. Lamb, Portland; Dr. J. G. S. Jamieson, Portland.

Dr. F. H. Gerrish read a letter from Dr. Shufeldt, of the Army Medical Museum at Washington, urging an appeal to Congress for money to erect a new museum. A resolve in its favor was passed by the Society.

Dr. E. W. Gehring read the paper of the evening, entitled, "The Group System of Medical Practice; Its Merits." It was highly entertaining and was much appreciated by all. In the discussion the principal speaker was Dr. F. H. Gerrish, who missed entirely the points brought out in the paper and conducted a somewhat lengthy hypothesis of his own, based upon geography and mathematics, and apparently having little in common with the subject in hand.

Adjourned.

H. A. PINGREE,

Secretary.

PORTLAND MEDICAL CLUB.

At the regular monthly meeting of the Portland Medical Club held on April 4, 1918, case reports were made by Drs. Bowers, Fisher and Robinson, after which Dr. G. A. Pudor, recently honorably discharged from the Medical Reserve Corps, talked most instructively and entertainingly upon "My Experience in a Base Hospital."

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YORK.

YORK COUNTY MEDICAL SOCIETY.

The ninety-second quarterly meeting of the York County Medical Society was held at the McLellan House, Kennebunk, Thursday, April 4, 1918. In the absence of the President and Vice-President, Dr. J. O. McCorison, of North Berwick, was elected chairman of the meeting.

The records of the January meeting were read and approved.

Dr. H. Danforth Ross, Bowdoin Medical, 1913, of Sanford, was elected to membership.

Dinner was served at 1.00 o'clock.

The afternoon session opened at 2.30 o'clock. Dr. Clinton N. Peters, of Portland, presented a paper, "Acute Unilateral Kidney Infection of Hematogenous Origin." This paper revealed many interesting facts and was especially instructive. Considerable discussion ensued and valuable points were brought out by several of the members. Dr. F. C. Lord, of Kennebunk, reported an interesting case in his practice, it being one of poisoning by tincture of aconite. Hypodermatic injections of ether, 10 minims every 5 to 10 minutes, were used with satisfactory results. A rising vote of thanks was extended to Dr. Peters.

This meeting again proved that it is possible to have an enjoyable and profitable program, even when there is a small number in attendance.

Those present were: Clinton N. Peters, Portland; James O. McCorison, North Berwick; F. W. Smith, E. C. Cook, York Village; F. M. Ross, F. C. Lord, Kennebunk; H. L. Prescott, Kennebunkport; C. F. Traynor, Biddeford; J. A. Randall, A. L. Jones, Old Orchard.

ARTHUR L. JONES,
Secretary.

PERSONAL NEWS AND NOTES.

All of the physicians nominated by the President for the various committees for medical national defense have accepted. The President thanks them for their promises of assistance.

Dr. Benjamin Foster has recently moved his offices from the Trelawney Building to the Leighton Building, 188 State St., Portland.

Leon S. Lippincott, of Brunswick, now located at Camp Gordon, Georgia, has been promoted to the rank of captain.

Lieut. C. B. Sylvester, of Harrison, has recently left for Fort Oglethorpe, Georgia.

The President of the Association has asked Dr. B. F. Barker, of Bath, and Dr. C. W. Bell, of Strong, to act as Councilors in place of Dr. A. R. Williams, of Phippsburg, and Dr. G. L. Pratt, of Farmington, who are in active service.

Dr. F. B. Colby, formerly of Rangeley and Farmington, is located in Gardiner, Mass.

Dr. Sarah S. Hunter, of Calais, has given up active practice for the present and is enjoying a much needed rest. She is now in Hingham, Mass.

Capt. Lester B. Adams, of Bangor, has been transferred from the Panama district to Camp Upton, Long Island, N. Y.

Capt. C. M. Thomas, of Brewer, is on duty in Hoboken, N. J.

Dr. Geo. F. Bates, of Yarmouth, whose son is now in service in France, recently received notice of his being wounded. It is an honor to have a son at the front, and we sincerely hope for a speedy recovery.

Dr. Barbara Hunt, of Bangor, has sailed for the war zone to render medical aid to the afflicted citizens.

Drs. E. E. Holt, Jr., and J. L. Davis, of Portland, who were defendants in separate suits of malpractice, secured nonsuits through inability to convince the presiding judges of sufficient evidence.

Lieut. C. D. Grey, of Portland, has reported for duty at Camp Dix, Wrightstown, N. J.



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Chicago

(1918)

Lieut. Julius C. Oram, of Portland, has recently been ordered to Garden City, Long Island, N. Y.

Dr. B. L. Bryant, of Bangor, attended the meeting of the State Secretaries, in Chicago, April 30th.

Lieut. Harry McNeil, of Bangor, is among those reported injured in France.

Cpts. N. R. Crook, of Brooks, and D. W. Wentworth, of Sanford, have been assigned for duty on the coast defenses near Portland.

Capt. Harry F. Morin, of Bath, has been transferred to Camp Dix, Wrightstown, N. J.

We regret to announce the death of Dr. W. P. McNally, of Bangor, which occurred on the 30th day of April last, and of Dr. A. A. Brown, also of Bangor, which occurred in Arizona early in April.

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OF THE

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*ANNUAL ORATION.

By DR. DICKINSON, Brooklyn, N. Y.

Introductory remarks by PRESIDENT SPALDING.

Ladies and Gentlemen: Immediately after I graduated from the Harvard Medical School, in 1870, I went abroad, and I fell into the shadow of the Franco-Prussian War. I was in England soon after the surrender at Sedan, and I followed with great interest the events of that war. I was in Paris soon after the lifting of the siege, at the time when the Germans retired from that city and the French came back again. While I was in London in that year, an eminent Prussian, one of the Princes of Germany, uttered these prophetic words, at which everybody laughed because they thought them foolish and insane. He said in public meeting in London: "It is the destiny of Germany to overrun the whole of Europe. We shall never be satisfied until we have taken from France Alsace and Lorraine, on account of the potash fields and the iron there. In the next war we shall strike over Belgium to get all the iron and coal that are deposited there, and whatever remains of iron and potash in France, for our future uses. We shall take the whole of Belgium and make the river Rhine our outlet to the seacoast of the German Empire; and Holland, too, shall become a part of the German Empire." This was in 1870, and, although that was printed in the newspapers, people laughed at it as the dream of an insane man and something that never

* Stenographic report of oration delivered at the Annual Banquet of the Maine Medical Association.

could come to pass so long as the people of the world were united against it. With that idea in mind, the German people, and the German Emperor at their head, and the Princes, all have had that dream, namely, to overrun the whole of Europe and to do what they are doing today. We did not believe it then, but we see it now before our very eyes, and it is coming daily nearer and nearer to our shores. The Kaiser himself is a curious man, and, although the Hon. William Thomas has said that he thought him insane, I have never had the least doubt that he was any more insane than were the Emperors Caligula, Nero and Tiberius of Rome—a mania for universal power, with the same lust for blood that always comes into any dynasty that continues long on the throne. It is a megalomania common to the human race when there is nothing to restrain it. The epileptic fits of the Emperor, William II, are well known to everybody. Whether they have anything to do with his actions and his behavior, I do not know, but certainly the traces of insanity in the family, and of personal epileptic fits, have a good deal to do with the characterization of the man. Not long ago a renegade Englishman by the name of Houston Stewart Chamberlain published a book in Germany called "The Foundations of the Twentieth Century." That book was dedicated to Emperor William. He ordered 80,000 copies of it to be printed and given away to various people, to say nothing of the enormous sale that it had. The idea of that book was this: German Kultur is the best in the world, and the people who do not believe in it shall be exterminated. Now when a people have a fixed idea in their minds that they are going to exterminate other people unless they believe as they do, they are going to be a hard mass to deal with; but I tell you, gentlemen, we are going to win this war that has been brought about us by the German people and the German Emperor because of the psychology of the fear of democracy. They are afraid of the democracies of the world, they do not want them to get into Germany, and they are going to destroy democracy or be destroyed. (Applause.) When you have got a man on the run with the psychology of a fear that he is going to get beaten, and that the democracies of the world are going to beat him, then I tell you we are going to beat them. We have got to beat them, there is no other way out of it. (Applause.) They know that we are going to beat them. That is a part of their psychology. We have got them on the hip, and, if we only stick to it, we will come out right in the end.

Now, gentlemen, I have nothing more to say to you this evening. I just want to get you all in proper trim by making you understand that we are up against the greatest problem the world ever offered for solution; but that we are going to solve it, and that we are going to win, goes without saying. I know of no better way in which we can

win than by sending all the sailors, soldiers, marines and aeroplanes we possibly can to Europe. All those men who go there, and the women, too, the nurses at the hospitals, and all the women who are doing the Y. M. C. A. work and the Y. W. C. A. work, have got to be supported, looked after and cared for; and when they are bombed in the hospital, and wounded on the field, who is going to take care of them? Some of the doctors from Maine; that is what we are here for. (Applause.) The doctors of Maine have volunteered nobly, but I want them to volunteer some more. I do not want to have any selection or any conscription, but I want to see the men who are able-bodied come forward and volunteer; and I want the women to make the sacrifice of their husbands as well as they can, and resolve that they will do the best they can to carry on a war to win on this side by sacrificing everything—their comforts and their pleasures. Now, ladies and gentlemen, in order to obtain such a result as this, we want to continue the enthusiasm which I may have inspired in you; and if I have not inspired enough, then I am going to ask our friend, Dr. Dickinson, to talk to you from his point of view as to the doctors going to the war. I had expected the pleasure of seeing Col. Simpson, of the Medical Reserve Corps, but we now have the greater pleasure of seeing his worthy successor and helpmate, Dr. Dickinson, of Brooklyn, a member of the National Council of Medical Defense, and I ask very careful attention to anything he may have to say. (Great applause.)

Oration by DR. DICKINSON.

Ladies, Mr. President and Members of the State Society: I claim to have the best possible connection with Maine—I am connected by marriage; and so there is, in my two daughters, at least, one-fourth Maine blood. I think I can prove that, and that I have brought them up in the proper maritime manner, by this brief story. The elder was eleven years old when one morning at breakfast the telephone rang in our little bungalow at Long Island beach, a narrow bar between the ocean and the inner bay. The girl, Dorothy, went to the telephone and came back to say that her uncles wanted to come over, and could we sail over after them. They pretended to be coming to the little service we held on the beach in that house that for that time and neighborhood was far from church service. They really came because the service would only last twenty minutes, and because after the service we all turned into total immersion Baptists. I said, "There's a very little breeze; there is little chance of your getting over and back, but you can try it. Dorothy, do you want to take the dory and go over? I think the fog will lift; I am sure it will," and I looked at her mother. Her mother did not raise her

eyebrows or make any sign, and so we went down to the dock together. It had rained the night before, and I was busy about the other boats—getting their sails up to dry—while Dorothy got the dory ready. I gave her the big compass and set it between her feet (it was behind the center-board) and said: "Now, remember, you have got to steer due north one mile and you will hit your grandmother's dock. All you have got to do is to steer your course. If you run ashore on any of the meadows, you know your way home; you have been brought up on this bay." I was busy with the boats for twenty minutes and came up to the house, and after a few minutes Mrs. Dickinson said, "Where is Dorothy?" "Why," I said, "I sent her across for her uncles." "You didn't send that child out alone in this fog?" "Why," I said, "Why not? She knows this bay like the back of her hand." "Eleven years old and all alone!" "Well," I said, "wait a minute. That fog is lifting; we can see her in a minute," and sure enough, as the fog lifted there she was coming into the dock. I said to her afterwards, "How did you feel, Dorothy?" "Why," she said, "as soon as you cast my painter, I looked around to speak to you and you weren't there. I was scared and I guess my heart stopped. Then," she said, "my eyes fell on the compass and it was all wrong, and by the time I got that compass right, I forgot to be afraid. Then," she said, "it was so still and so quiet"—you know in Maine what a fog is like—"with nothing but the roar of the surf behind me and then not a sound. Then I got to feeling as if the days were going by, and it was another day. Hours and days went by, and then I felt just as if I was out on the Atlantic Ocean, and then I got to thinking about Columbus, and I knew," she said, "I ought to watch that compass all the time, and I knew just how the sailors began to feel after days and days and days; and just as I got so that I knew exactly how Columbus felt, there was grandmother's dock." Now that is the kind of training that is good for any young person. That is reliance, that wonderful training that only, I think, the hardship of the sea can give, and, thank God, it is coming back; thank God we are going again to be a maritime nation of shipbuilders and ship sailors, like the conquerors of the world, who went to the uttermost parts of the earth and brought back with them that spirit that belonged here on this coast in the old days; and proud I am that my girls have got some of it.

Other things this war is going to do, and no by-product of it is going to be greater than what it will do for the medical profession. Think of it! Think of it! A man has been working in a little village alone. Perhaps he has had a little post-graduate course once in a while. He may have been working as a youngster in the tenements, too busy, as I know I was, to study; exhausted at night by climbing

stairs and long, hard labor for small fees. You know what it means. I did not do the amount of study that I ought to have done. So we get into ruts, you know. I know that the ordinary country doctor makes a precious poor preliminary examination. The patient has a cough and he gives a cough mixture. The patient has a pain and he gives some morphine. He remembers, as tired as he is, that Jones owes him a dollar, and that is the most of the history, perhaps, that he keeps. Now, what is going to happen? Why, at the end of this war 30,000 doctors are coming back with a good method drilled into them—diagnosis, records, team work, good surgical methods, and the irreducible minimum of clean, clever, good work. The by-products of this war are going to pay for the war.

One more thing that is going to pull this profession together as nothing else ever will. What is your committee going to do? It represents the Council of Defense. What are your State and County Committees going to do? And you are going to know the individual history of every man in your counties, of every man in your towns. You are going to know what he is good for—to see whether he can serve best his country or his community. In any case he is going to serve. Gentlemen, if this war lasts long enough, we will be like France and England. In France every individual doctor is in some kind of service for his country, laid out by that country. In England one-half the profession has been in uniform, and every man is considered as capable of some kind of special service to the community at home, if not to the community in khaki. We have here in America one doctor to 760 of the population. They find they can get along in England in crowded districts with one doctor to 5,000 people, and in less thickly settled districts with one doctor to 2,500. They do not know what a sparsely settled district is over there, except, perhaps, in Scotland. They do not know what the north woods of Maine are; they do not know what driving thirty miles is like. What we shall do is not what we have done before. The plea at first, ladies and gentlemen, was an emotional one. Come in! Come in and help! We hope the profession has come to the place now where our plea no longer need be the plea emotional, but the appeal to reason. Let us hand-pick the profession! We have been careful; we have stripped certain communities; we have left other communities alone. My home town, my own hospital, for instance, has given up forty odd per cent. of its staff. It stood next to Johns Hopkins. Another hospital near by has lost but six per cent. of its visiting staff. We are crippled in one hospital; they have more than they need in the other. We shall make the transfer from that hospital to this hospital. We shall take back some of our consultants. A man came to me the other day who had retired.

and said, "What can I do?" With some trepidation I said, "The head of the service in which you made such a distinguished name, the head of that service, now your successor, is a lame man, and of course cannot go if he would. Would you be willing to come back and help him?" That was one of those brash things to do that come to one as an inspiration. "Certainly," he said, "I can do half a day's work although I am over sixty," and he is now serving in his old dispensary, while the man that he replaced is made use of elsewhere. That is a little example of the way we have got to readjust the community; and, as I say, we no longer think in the terms of one hospital or one village or one group. You are going to think in the terms of Maine. You have 1,200 doctors to dispose of. You have 800 doctors of age to go to the war. Of those you have a small number who actually can go. What will you do with them? It is up to you to study that thing as it was never studied before, and at the end of it you will know your State; you will know its medical facilities as you never did before.

I am proud to come to a town with such a record as Portland has. It is not the record town in the United States, but going down the list that my little statistical force happens to have studied, we find but one or two towns with twelve, fifteen, twenty and thirty doctors who are ahead of you. We find one town of ninety-three doctors, Charlotte, North Carolina, that has sent 36 per cent. of its doctors into the service; but there is no town of the same number of doctors as yours that has sent so many. Among one hundred and ten cities and towns that I happen to have a list of, you stand thirteenth and fourteenth—Bangor and Portland respectively. Of the fourteen New England cities on this list, you stand first and second. I said that this morning, and I take pleasure in repeating it again tonight. Of the doctors in the Medical Officers' Reserve Corps Bangor's percentage is $24\frac{1}{2}$, and Portland's percentage is 24.2 per cent. The New England city average is 15 per cent., so that you are 9 per cent. ahead of that average. Maine, so far as your State itself goes, and so far as statistics go, which are dull things, stands in this fashion, and if we study density, I think it a fair way of making the comparison: In the United States there is one doctor to 740 of our people. Maine has one doctor to 670 people. The extreme is Boston, with one doctor to 175 people. How does Boston manage to exist? Your State stands in the order of number of doctors per population twelfth, but in the order of commissions in the Army Reserve it stands twenty-fourth. Those lists which the Council has sent out need therefore to be corrected by the more recent returns of the latest American Medical Association directory. Remember that statistics lie because they do not take account of all the facts. The States with the big cities will send the most doctors, of course. The

States with the big cities can afford to send the most doctors. You have no great metropolis here, and yet you stand ahead with Illinois, and you lead Massachusetts, you lead Ohio, you are far ahead of Indiana—populous, wealthy States. Now those are your proud distinctions of having done well. We therefore in the Council call on you for the first of July to have added to your list one hundred men and you will have done your share. Now with this immediate task before you of one hundred men from Maine in the Medical Officers' Reserve Corps, you have, while a thing requiring study, no such very hard matter, as you will find. Why? Because of the present scare, because of the German drive, because of the U-boat on the coast. What will be difficult for you to do will be to keep it up. One hundred men a month the Navy wants out of this country; two hundred men a month, at least, the Army wants. Six per cent. are turned back steadily out of the Army for physical disability; 3 per cent. for community needs, for a few resignations and things of that kind. Therefore this committee need not think that when the country has raised that 5,000 doctors for the Army, and that 1,000 for the Navy, that we can sit back one bit. It is a good deal like the local draft. I thought when the first job was over, we were done; but the troubles had hardly begun. Now, it is so with your committee work. You have got to go right on and on. There are just three ways of getting this job done. First, to work hard; second, to work harder, and third, to work hardest. I know of no other way and I do not think anyone else does. It is organization. There are 800 men under fifty-five in Maine. We have taken a certain proportion. We must study those 800 over and over again, and then we must study the 400 to see what we can do to put in the place of the men who are going. It is not an easy job.

As a side issue we are working on badges and war medals and the like of that. I took lunch with Secretary Houston the other day, and said to the Secretary of Agriculture that the last army of women who were working on the fields want some recognition of their work, and that they ought to have it. "What," said Mr. Houston, in his agreeable but positive way, "give nine million women badges?" That is all I could get out of him. I said to Congressman O'Shaughnessy, "Tell him that story a little later. He was the man who put in the bill for the war badges—the badges of honor for the soldiers—and I said, 'I suppose that settles it.'" "Settles it," said O'Shaughnessy, "What is one mere Cabinet officer against nine million women!" (Laughter.)

Now here (referring to diagram) are the 4 per cent. of the women. Here (indicating) are the 23 per cent. of doctors over fifty-five; so that cuts out a lot. Here (indicating) are the men who are disabled physically. Here (indicating) are the people with dependents—some-

where between 7 and 10 per cent.—wife, one or two children. Here (indicating) is the small percentage of aliens, $1\frac{1}{2}$ per cent. You probably have a larger proportion, because our aliens in New York are French and Canadians. You know that in the Adirondacks and Catskills, and in some of our northern counties, conditions are not unlike parts of Maine; but only 1 per cent. of our people claim they cannot be spared. Now we have only left, as it figures out a small section here in Maine, 15 per cent. of the profession to draw from. My text is this: You have got to hand-pick that 15 per cent. You have got to study out this question of dependents. The public health officers cannot be spared, and we will leave half the teaching staff in colleges, and we will leave half the necessary staff for hospitals, and we have left that 15 per cent. to work on. Now, that being the case, you have got to find who they are. Who shall do it? Shall it be the county society? Then, what are you going to do with the homeopaths? What are you going to do with the eclectics? It cannot be any one group; it must take in all groups. That reminds me, they asked Gen. Gorgas the other day in the quiz before the Senate Committee, and they thought they had stuck him: "What will you do about osteopaths, Doctor? There is a very large number of osteopaths. Are they getting fair treatment?" And he said, with that delightful lop-sided smile of his, and in his clear Southern intonation, "Why, certainly, Senators, certainly; we will take them in gladly. We welcome them as long as they have just an ordinary diploma from a well accredited college. We will take in anybody who has got the proper credentials."

Now, your committee, therefore, appointed by the National Council of Defense, is a committee that represents the government; they are federal officials. You pick them most carefully. They must play the game fairly; they must go into those intimacies of private life such as only war would justify. Have you the means to support your family if you go? Have you such responsibility in the community that you cannot be spared? Otherwise, go you must. Do you appreciate now that there are going to be three classes of doctors, and three only? I have talked of the first class, the men who can go, the men who should go. They must be under fifty-five; they must be in good professional standing; they must be physically fit; they must not have such dependents but that they can be spared. They must not be so essential to the community or to the institution but that they can be spared; and they must be below fifty-five as I have said; otherwise they must consider themselves carefully whether they should go or not. Suppose they cannot go! Suppose they fall into one of these classes! Then there is one other thing for them to do, and that is to join the Volunteer Medical Reserve Corps. That matter is now before you.

That is my main message for you. I am fifty-eight; I cannot get a commission. I offer myself; I serve; I give up my practice and I go to Washington. I happen to be the third officer in the Council of Defense, but I am ashamed to come before you without a uniform on and with no apparent excuse. I cannot go around saying that "I am over fifty-five; please excuse me." If I were told to stay home and lecture at the college, I could not have that button stuck on me somewhere. I want some evidence that the government tells me to stay home, or tells me that I am doing my job, all that the government will let me do. Don't you want it? I do. I want that thing somewhere in evidence, and the button of the Volunteer Medical Service Corps will be such evidence. Your committee will take up carefully every man's reason for not having on a uniform, and, provided he meets those reasons, he has that button. Such physicians shall be eligible for membership in this Corps as would be accepted in the Medical Reserve Corps were it not for

- (a) Physical disability.
- (b) Over age (55).
- (c) Essential public need.
- (d) Essential institutional need.
- (e) Dependents.

The committee sends that name forward. The central governing body in Washington studies it. The certificate of membership and the badge come. That man declares himself ready to do such service as he is able to do. Many of you are doing it. Many are on medical advisory boards. Many of you have done that terrible grind of the local board. Many of you are doing the best war service that you can do for your country in staying at home. Now pick those men and give them the badge. Then, ladies and gentlemen, we have made up the three different groups. The men in uniform in the Reserve Corps of the Army or Navy, or in the regular Army, the Volunteer Medical Service Corps, and the men without excuse. I think we might leave them to you ladies; I think you will know what to do with them. I think the hot place will be chilly compared with the reception they might get in any community when it is known that either the uniform or the badge shows that a man is serving his country; that he knows we are at war and he is doing his best. Do you get that? There are but three classes: Uniform, volunteer service, or the man who does not serve his country.

Now, the hardest job that lies before you is this job of studying your community. What have we done, for instance, in our State? We took the list and we went over it man by man. It is perfectly easy to

start a questionnaire with only 1,200 men in the State; it is perfectly easy to rule out the men above fifty-five; it is easy to rule out the men who have already served. The question of physical disability you can take up, and in each community you can take up the essential needs. On the question of dependents it is not an easy matter. It takes infinite tact to know who had better go and question that man. You and I remember the weary days when we had that mortgage to pay off, and when the insurance premiums came around they made a woeful hole in that bank account; when we had rented an office a little too good for us because we wanted to make a good showing; when the horse or automobile cost an awful amount; when we had a wife and a couple of young children. I had a wife; you had a wife. The condition there is touchy as anything could be. That man is not asked to go yet. If the war lasts long enough, the community may have to take care of him. The man with dependents—the man with the old father or old mother to take care of for all the years they spent in sending him through medical college—he is not asked to go unless he has stored up a bank account; but those whose families can take care of the kids, those who can break away, will break away. Now, all that takes infinite tact. You know it; I know it. There cannot be any favoritism nor any favorites played. There cannot be any friendship in the matter. Sir Rickman Godlee said—and you will remember that he is the head of the Royal College of Surgeons, and the final court of arbitrament in England whether a man shall go or not—that it breaks his heart at times to have to say, “I believe that man should go,” and yet you offer yourself in your own conscience, and you think your neighbors must decide those questions. Happily, you can refer it to somebody not in your own community. If you are a member of the State Committee, or local committee, you can put it up to the rest of the group, so that you will not have to take your most intimate friend and decide his case for him. I think that is the good of a traveling State committee that will take up the matter part by part; but each community has to work that out for itself. Could you settle the question for Florida? Could you work out the problem for Wyoming? Could I give you anything but the most general advice for Maine? Not at all. I know conditions in Brooklyn because I have lived there all my life and have been a teacher and practitioner there, but I could not help you at all in some of your problems. You must each of you work it out for yourself.

Now let me tell you what we hope to do, but I am not sure we can. To my mind the weakest spot in all our work is, that Washington does not know enough of local conditions, and people in various parts of the country do not know enough about Washington; that is, you

must know our problems and we must know yours. Now there are only two ways here. I must come and live with you if I am going to help you in this matter, and you must come and live with us. Dr. Edward P. Davis, editor for so many years of the *Journal of the Medical Sciences*, is President of the Volunteer Medical Service Corps. Dr. John D. McLean, of Philadelphia, is a wonderfully able executive secretary of this Corps, and a group of leading men of the country are the Central Governing Board. Now, gentlemen, you can make this body as effective, as important, as anything can be. You can have the comfort of knowing that you are helping the United States as nobody but doctors can help the United States. You can back up those great, great men, our leaders. It is the fashion to decry, to pick flaws. We will never reach the millennium while this is so, and the time is coming when I am sure we will appreciate that we have been grossly ungracious to the enormous difficulties in getting this thing straightened out and started, in the way of getting a nation of this size into war. It is said that no man is a hero to his valet. It is a fact that the nearer you live to men such as our Cabinet officers are, the higher your regard grows for them. Not that I pretend to have any personal contact with those great men only of the most occasional character. Prof. Franklin Martin is the man who calls three Surgeons General together two or three times a week, that great doctor whom we are proud to call the leader of the profession in this country. We could not ask for a bolder, greater man than Gorgas; we could not ask for a much greater development than the Surgeon General's office. Where there were five doctors at one time, now there are hundreds. Where there was an army with 400 doctors, there is now an army of nearly 22,000 doctors. We could not expect anything better in a year. Marvels and miracles have been wrought, but this I say: Martin brings us stories of Daniels, of Baker, of that group, that I wish it were not a breach of confidence to tell you. Great men they are; men of quick decision; the best men that can be picked in the nation. Do you remember how we used to laugh at Daniels for his prohibitory order to the Navy? What a joke it was! What a butt he was for ridicule! And yet why is it that in the camps, the guard houses are nearly empty now? It is because there is so little drunkenness. Why is it that we are going to have the keenest, most moral army in the world? Primarily it is because they are Americans, but next because they are not going to have access to drink as far as we can help it. Thank God that at the head of the greatest nation is the greatest leader in the world. Thank God that that man, who is so wise, so fine, is a man we can stand behind, every one of us. There is no greatness that appears in the speeches of our war President, there is no greatness in his words,

that is not in the man himself. Hear you any breath of reproach, of suggestion of vacillation, or anything of like nature, credit it to traitors, credit it to scandal mongers, credit it to anti-ally, pro-German influence; for there is nothing that could be worse than to lower the dignity of this great nation by lessening the exaltation of its great head. (Great applause.)

DR. SPALDING: Ladies and Gentlemen: I can understand by the attention you have paid to the speech which you have just heard from Dr. Dickinson that it has struck you very favorably, and I have no doubt that it will influence a great many men who are present here to make up their minds to join the Army and to take their chances in helping out the soldiers in the war.

Before this meeting adjourns, I would like to suggest that if anybody has any questions whatsoever to ask Dr. Dickinson, which he has not covered in his address, he will be very glad to reply to them. So before I adjourn the meeting, I will ask anybody who has any questions to stand up, and let them be replied to at once by Dr. Dickinson, who will be very glad to turn the doubters into certainty.

DR. THOMPSON: Mr. President, I would like to ask Dr. Dickinson if he is prepared to outline in some detail the probable work of the Volunteer Medical Army.

DR. DICKINSON: In answer to Dr. Thompson, I would say that no greater service could be rendered the country than that wonderfully free service already rendered by the Medical Advisory Boards and the local draft boards. The work further that may be done will be laid out by various agencies. The Home Service work and the Red Cross will doubtless draw a great many doctors. That work is being organized. The hardest thing for the older man to do is to go back and do some of the work of the young men where the young men have had to go to the war. We older men are taking hold. Wouldn't I like to do general surgery instead of doing office work? I am at a desk all day; I only occasionally get out to meet the ladies in this delightful fashion; but it is to get down to some of that grind of detail. Now your committees can work out just that kind of service. Where are the gaps to be filled? Another duty of your committees is to see to it that, as far as possible, the practice of the men who have gone away shall be conserved. Spread it broadcast that these men who are giving up their work, their lives, and possibly wrecking their practices, should at least have loyal friends behind them, should have their practices kept for them wherever possible, should have some fees sent to them from the loyal families who say: "Dr. Johnson is my doctor and he

would be if I could get him; and one-third of that man's fee is supposed to go to his family and to be kept account of by the committee." It works this way in England: Sir Rickman Godlee tells us that if a man has a practice in a little suburb or little town and has it all his own way, and another man comes in, it is perfectly evident that a third of those fees should so go. Everybody knows who the absentee's patients are; but in big cities and towns it is almost impossible to keep track of a man's practice. I have had a few fees sent to me since I have left my practice, but not very many.

DR. SPALDING: I would like to ask, if not already asked, if all the men are expected to volunteer and go in on the same basis, namely: a man of five years' practice, of ten years' practice, or twenty years' practice, if they are all to receive the rank of Lieutenant if they volunteer in this call?

DR. DICKINSON: I wish I could answer that question by taking the whole of this group to the meeting of a Promotion Board or of the Personnel Division when men's names are considered. You would be surprised at the detailed individual study to which men are subjected. You would be more surprised to know how much good men are needed. We are very short of three or four groups in the Army. We need the general practitioner, the internal medicine man of good grade, and we need him badly. We need that man who surgically can stand the brunt of the battle. What is that brunt? An attack rarely lasts longer than thirty-six hours. Into one part of the front there are gathered as many as 3,000 patients in one base hospital, and that staff, re-enforced by the surgeons that can be gathered from the whole neighborhood, stand up thirty-six hours on coffee, and work, work, work, until they drop. Who can stand that? No wonder they want surgeons under forty-five; no wonder they want huskies; no wonder they want a very difficult thing to get—the man who has given up a fine practice for this work. At one time we were very short of them. We had been making the appeal for that kind of men. We get the younger men. There is no excuse for a man under thirty-one unless he is married and has children, not going in; but that middle group is difficult to get. Now those are some of the problems that are studied out. Will the man receive a commission commensurate? Yes, because we want to move him up if he is a good man. The Army wants to give him responsibility. There is plenty of room up above; there is plenty of chance. Now he comes into camp and he is studied out. He comes into Oglethorpe from Riley; Riley is to be moved over to Oglethorpe. He comes and gets his training and drill, and they study him, the reports come in on him, and he gets his promotion and his

majority. Supposing he does come in as a Lieutenant! He gets moved up. Are there inequalities? Some. Are they being wiped out as rapidly as possible? They are. Why, gentlemen, your greatest teachers, your greatest organizers in the profession, are in the Surgeon General's office, and everyone is grabbing every good man. "I want that man. I want him to put in the office. I need that man." They are fighting for the good men, those heads of divisions. Now that is the best answer, that men are bound to find their level, because the good men are needed. The third group I forgot to mention, and that is the regimental surgeons. Who makes the best regimental surgeon? The country doctor, the man who has had to tackle all kinds of problems on his own responsibility. It is a wonderful thing to have every group of men know you, the men who will say, "I will go through hell for that doctor;" and they do. (Applause.)

Correspondence.

535 North Dearborn Street,
CHICAGO, June 12, 1918.

Editor Journal Maine Medical Association,
Portland, Maine.

Dear Sir:—Professor Stieglitz, chairman of the sub-committee on Synthetic Drugs of the National Research Council, has asked me to send you the enclosed letter for publication.

On behalf of the committee, he also urges that you adopt the Federal Trade Commission's recommendation to use the official name of the licensed drugs in connection with all written articles and advertisements, and if the proprietary brand name is to be used, to place this side by side with the official name.

The official names so far adopted by the Federal Trade Commission are:

Arsphenamine for the drug marketed as Salvarsan, Diarsenol and Arsenobenzol, etc.

Neoarsphenamine for the drug marketed as Neosalvarsan, Neodiarsenol and Novarsenobenzol, etc.

Barbital for the drug marketed as Veronal.

Barbital-Sodium for the drug marketed as Medinal and Veronal-Sodium.

Procaine for the drug marketed as Novocaine.

Procaine Nitrate for the drug marketed as Novocaine Nitrate.

Phenylcinchoninic Acid for the drug marketed as Atophan.

Yours truly,

W. A. PUCKNER.

WAP/BD.

PROCAINE AND NOVOCAINE IDENTICAL.

To the Editor:

It appears that in certain quarters the attitude is taken that the local anesthetic sold as Procaine is not identical with that marketed as Novocaine. The sub-committee on Synthetic Drugs of the National Research Council believes it important that this misunderstanding should be corrected and hence offers the following explanation:

The monohydrochloride of para-amine-benzoyldiethyl-amino-ethanol, which was formerly made in Germany by the Farbwerkevorm, Meister, Lucius and Bruening, Hoechst, A. M., and sold under the trade marked name Novocaine is now manufactured in the United States. Under the provisions of the Trading with the Enemy Act, the Federal Trade Commission has taken over the patent that gave monopoly for the manufacture and sale of the local anesthetic to the German corporation, and has issued licenses to American concerns for the manufacture of the product. This license makes it a condition that the product first introduced under the proprietary name Novocaine shall be called Procaine, and that it shall in every way be the same as the article formerly obtained from Germany. To insure this identity with the German Novocaine, the Federal Trade Commission has submitted the product of each firm licensed to the A. M. A. Chemical Laboratory to establish its chemical identity and purity, and to the Cornell pharmacologist, Dr. R. A. Hatcher, to determine that it was not unduly toxic.

So far, the following firms have been licensed to manufacture and sell Procaine:

The Abbott Laboratories, Ravenswood, Chicago.

Farbwerke-Hoechst Company, New York, N. Y.

Rector Chemical Co., Inc., New York, N. Y.

Calco Chemical Company, Bound Brook, N. J.

Of these the first three firms are offering their products for sale at this time, and have secured their admission to New and Non-official Remedies as brands of Procaine which comply with the New and Non-official Remedies standards.

While all firms are required to sell their product under the official name Procaine, the Farbwerke-Hoechst Company is permitted to use the trade designation Novocaine in addition, since it holds the right to this designation by virtue of trade-mark registration.

In conclusion: Procaine is identical with the substance first introduced as Novocaine. In the interest of rational nomenclature, the first term should be used in prescriptions and scientific contributions. If it is deemed necessary to designate the product of a particular firm, this may be done by writing Procaine-Abbott, Procaine-Rector, or Procaine-Farbwerke, or Procaine (Novocaine brand).

Yours truly,

JULIUS STIEGLITZ,

*Chairman Sub-Committee on Synthetic
Drugs, National Research Council.*

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Editorial Comment.**PROGRESS IN TREATING WOUNDED AMERICAN SOLDIERS.**

The War Department authorizes us to state that more than 80% of the wounded who originally remained in military hospitals for months are now sent back to the front in four weeks. This progress is due to a system of instruction from sets of surgeons in hospitals to other sets in turn. Instruction is given by moving pictures, slides and pamphlets, to all surgeons who are likely to come into contact with these wounds, either at home or at the front. More than 150 surgeons have received this special instruction at various base hospitals in this country. In this way they are prepared at once, on arrival at the front, to go and do what they have been taught by pictures, lectures and study. Great supplies of apparatus for irrigating wounds are steadily sent abroad, over 3,900 going every month that passes.

It is plain from the above information that our boys at the front will not fail to receive the best of care, nor our surgeons the latest instruction in the care of the large number of wounded likely to come into their hands as the war increases in intensity, and more and more Americans stand forth for freedom from autocracy.

THE MEETING OF THE ASSOCIATION.

In spite of prognostications for bad weather, war times, physicians busy with their practice, and many members engaged on the opening day of the meeting in examination of recruits for the war,

in many counties of the State, the meeting seems to have been a success in many ways. The program was not over long and it had features not often seen before. There were two very attractive and suggestive papers on tuberculosis from new points of view, and one of value on the ophthalmoscope in medicine. The surgical papers on affections of the stomach brought forward valuable X-ray pictures and new suggestions for medical and surgical treatment, and as for public health we were all delighted with the exposition of Dr. Fernald concerning the feeble minded of Maine, and the many suggestions advanced in the paper and in the subsequent vivacious discussion. The paper on school physicians was followed by a delightful criticism and appreciation from our new State Superintendent of Schools, and the topic of conservation of vision with instructive slides seems to have pleased those who looked at these movies. The very attractive papers on health insurance and on indiscreet remarks from physicians as a cause for malpractice suits proved to be illuminating on the topics which they introduced. We can promise the readers of the JOURNAL some excellent papers to be read by those who missed the meeting, while those who honored the meetings with their presence will be glad to think of what they had before heard and to read them again.

Altogether, the program committee are to be congratulated on planning and carrying through successfully a program to satisfy the ideals of the most fastidious of our members.

The banquet was favorably attended, many ladies were present to illuminate the scene, and the address of the evening, by Dr. Robert F. Dickinson, of Brooklyn, N. Y., and printed elsewhere in this number, will find many readers we are sure.

The business items brought forward by the House of Delegates have distinct value for the welfare of the Association and will be printed in due season for careful consideration, we hope, on the part of every member.

So end the sessions for 1918, and we shall now look forward to one even more successful for 1919, when we hope that we may welcome former members coming back from the war in which they shall have done that sort of medical and surgical work for which Maine physicians have been always famous.

BULLETIN OF THE STATE BOARD OF HEALTH.

We have received Bulletin No. 4-5 of the State Board of Health containing valuable notes concerning small-pox and typhoid fever, with comments on essential items for their control. A new technique

of vaccination is given by Dr. Young, director of the division for communicable diseases, comments on cases in Maine, and fifteen points for a correct differential diagnosis between small-pox and chicken pox, each and every one of which is worth studying by every medical practitioner.

Typhoid fever also receives attention and a curious case of unrecognized type calls attention to the spread of that disease. Controlling typhoid and disinfecting the excreta come in for proper mention and advise.

Circular 220, of 1917, is appended and goes thoroughly over the work of proper disinfection of discharges of bowels, the hands, baths, utensils, clothing, the sick room and so on, in full detail. No one can complain of lack of proper instruction after reading these directions. Altogether No. 4-5 is up to the pace set by its forerunners.

HEADACHES DUE TO POOR ADJUSTMENT OF GOGGLED LENSES.

One of the immense advantages of grinding cylindrical lenses in an oval frame, or of an oval shape, is that it is practically impossible to change the position of the axis without bending the frame so much that anyone can see that they are out of order and not setting properly before the eyes. With the introduction, however, of the very fashionable circular goggles, a great danger may result to the eyes and brain, if perchance, in wiping the lenses, the axis of the cylindrical lens is changed from the exact position in which it was ordered by the skilled oculist. Patients using circular frames, and needing cylindrical lenses, should be warned invariably to wipe the lens in the direction of the axis, and if the lens gets loosened in the frame to have it tightened in at once. It is by no means rare to observe dissatisfaction in our patients wearing such lenses, nicely for a while, and then complaining that their headaches, once cured by lenses, have returned, in spite of constant use of their former excellent lenses. In no one item of medical advance has the skill of the accurate oculist been so hindered in its progress by the action of the State in legalizing unskilled and unexamined experts in eyesight testing to furnish lenses and goggled frames, without a warning of their dangers in producing and continuing injurious eye strain and headaches.

OPTIC ATROPHY FOLLOWING THE MUMPS.

Every now and then the pension examiners for the war of 1861 used in later years to come across instances of optic atrophy, with blindness in one eye or both, and attributed by the claimant as a

sequence of mumps in army service. Examiners were rather inclined to doubt such an extension of a morbid process in the parotid gland, but modern investigations during the present war have demonstrated the lympho meningeal reaction in the cerebrospinal fluid in soldiers attacked with the mumps. It would, therefore, seem probable that the meninges are in reality almost always affected during the mumps, so that optic atrophy from lymphocytic inflammation of the meninges, with subsequent optic neuritis and atrophy, may be regarded not only as a probability, but as a matter of no uncommon occurrence. Such probabilities are worthy of careful study by future examiners for pensions for blindness occurring when the war is over, or even before, if cases of this nature come up for examination for pensions.

TREATMENT OF INFECTED WOUNDS WITH MAGNESIUM SULPHATE.

Under this title the *British Medical Journal* for March 23 has a very valuable paper by Morison, in which he goes over the question of treatment of infected wounds and recommends in their care and treatment a cream of magnesium sulphate. Antiseptics, and especially carbolic acid, have so limited a scope that he was led to try other means, and believes that in the magnesium compound he has discovered the last and the best of all. After reporting various cases in which it has proved of great value, the composition of the cream is given as follows:

A pound and a half of magnesium sulphate exsic. is mixed with eleven ounces of glycerated carbolic acid (1 to 10). The dried magnesium sulphate is in the form of a fine powder. The carbolic acid is put in a hot mortar, and the magnesium added slowly and rubbed up with a warm pestle. The result is a cream which is so hygroscopic that if left uncovered it rapidly becomes fluid, therefore it must be kept in covered jars.

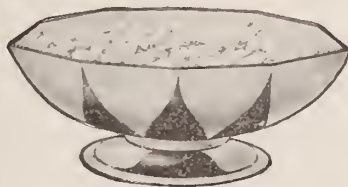
With this the wounds are packed and thickly covered, and a gauze and cotton wool dressing is applied and left for three days. After this time the dressing is renewed. With deep wounds the cream is forced within by means of a syringe. The guides to final closure of the wound are the bacteriological findings.

This dressing is simple, rapid, renewals are infrequent, improvement is steady, and, on the whole, it is something to be recommended in civil as in military practice.

ONCE MORE "DIRIGO."

We are more than pleased to note that through the successful work of our new Health Commissioner, Dr. Bristol, Maine is the first State in the Union to take legal action on the sanitary condition of hotels. Seventeen rules tending to improvement in the highest degree are printed on a card and are to be bought, displayed and followed up by the hotel proprietors. It is not for us to go into all the details of these excellent rules, but we must emphasize a few as they occur in order of printing. No food shall be left exposed to flies, proper screens are to be utilized for kitchens from the day that the hotel opens until it is closed, and infectious food handlers are to be closely watched. A very important rule is No. 7, insisting upon it that all food handlers should wash their hands after using the toilet, water closet or urinal. To this we say "Amen," and it should affect every living soul in this wide world of ours wherever water is anywhere accessible. Millions of the worst dressed, raggedest, most beggarly looking, and dirtiest people in the world would consider themselves disgraced from salvation forever did they not wash their hands after all such acts of nature as are suggested in the wording of this rule. The child that grows up without being taught after-water-closet cleanliness is a child ignorant of the first laws of health and disgraced in the community.

Many other items in this paper are worth noticing, such as the use of clean bed linen, safe water supply, analysis of private water supplies, and the use of individual towels and drinking cups. Perhaps the best rule of all, requiring the washing of all



All Food Cells Exploded

In our puffing process—invented by Prof. A. P. Anderson — the grains are sealed in guns.

The guns are revolved for sixty minutes in a heat of 550 degrees. Thus they are cooked thrice better than the average cereal food.

Then the guns are shot, and a hundred million steam explosions occur inside each kernel.

Every food cell is thus blasted. And the grains are puffed to bubbles eight times normal size.

**Puffed
Rice**

**Corn
Puffs**

Puffed Wheat

Each 15c Except in Far West

Puffed Wheat and Puffed Rice are whole grains puffed in this way. Corn Puffs are pellets of hominy puffed to raindrop size.

You will agree, we believe, that these are the ideal forms of grain food where ease of digestion is in question. And never were grain foods made so enjoyable.

dishes in scalding hot water after each use, is the most important from an hygienic point of view.

Once more we applaud another excellent piece of work by the new State Board of Health. Let each physician find this set of rules and keep it in hand for reference, in case he visits hotels in Maine, so that he can know the provisions and see, in passing through, that they are properly exposed to view and carried out with reasonable accuracy.

MEDICAL DEFENSE IN NEW JERSEY.

It is the intention of the editors of the JOURNAL to keep alive from time to time the invaluable idea of medical defense against mal-practice suits, and in carrying out this plan we note to-day some valuable items from the report of the state of affairs in New Jersey during the current year. Out of the thirteen districts into which the State is divided there were reports of ten cases in one district, in every one of which the verdict was given for the physician, in two districts there were no cases at all, in one a suit was threatened but the society went all over the evidence pro and con, defense was ordered, but nothing farther had up to date ever been heard from it. One district showed a single case, and that was won for the physician, but considerable local quarreling followed because some of the members of the State society made themselves very obnoxious by appearing to testify for the complaining patient, which is contrary to the entire understanding of what medical defense actually is, that is to say, mutual defense. It is our opinion that a straight series of verdicts for defending physicians in any State is a mighty argument in favor of medical defense.

NOTES.

FATALITY AFTER INJECTION TREATMENT OF HEMORRHOID.

The *Journal of the A. M. A.* reports a case of this nature. The patient, aged 38, had long suffered from hemorrhoids, with constipation, and finally submitted to the injection treatment of quinine and urea hydrochloride into three internal piles. On the sixth day he was taken with a chill. Examination in the hospital showed septic infection, and in spite of all possible treatment he died on the twelfth day after the injection. The post-mortem examination re-

vealed ulcers of the rectum, phlebitis of the hemorrhoidal veins, multiple abscesses of the liver and septic infarct of the lungs. The suggestive remark attached to this case is that dispensary treatment with injections was dangerous and might have been foreseen.

ARSPHENAMINE AND NEO-ARSPHENAMINE.

We have received from the U. S. Treasury Department, Public Health Service, the underlying note, which we print as it stands, and call to the earnest attention of members of the Association the need of reporting accidents in their practice following the use of the above-mentioned chemical preparation.

To the Editor of the Journal of the Maine Medical Association.

DEAR SIR:—In view of the reports in current medical literature of untoward results from the use of arspenamine and neoarsphenamine, I have to request that you give publicity to the statement that it is requested that samples of any lots of these arsenicals which have shown undue toxicity be forwarded to the Hygienic Laboratory for examination.

In sending these samples it should be ascertained that the lot number is the same as that of the ampoules used on patients. The samples sent should, if possible, be accompanied by a brief note stating the approximate body weight and age of the patient, the dose and dilution of the drug given, the symptoms and result; that is, whether fatal or not.

Respectfully,

G. W. McCoy,

*Director U. S. Public Health Service,
Washington, D. C.*



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Thousands of physicians have found in Pettijohn's their ideal of a bran food.

It's a delightful mixture of wheat flakes, oat flakes and bran flakes—each in right proportion.

It is a staple food which people readily continue. The bran is inconspicuous, yet the 25 per cent, mostly in flake form, makes it efficient.

Pettijohn's today is widely accepted as the ideal bran food for continuous use. And we believe you will so regard it.

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A Flaked Cereal Dainty

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The Quaker Oats Company

Chicago

(1919)

NEW AND NON-OFFICIAL REMEDIES.

During May the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Geo. W. Brady & Co.:

Barium Sulphate-Brady for Roentgen-Ray Work.

Johnson and Johnson:

Chlorine-Soda Ampoules.

Lederle Antitoxin Laboratories:

Antipneumococcic Serum, Type I.

Monsanto Chemical Works:

Chlorcosane-Monsanto.

Morgenstern & Company:

Acid. Phenylcinch.-Morgenstern.

Acid. Phenylcinch.-Morgenstern Tablets.

Sodium Phenylcinch. Water-Morgenstern.

Parke, Davis & Company:

Antipneumococcic Serum, Type I.

Rector Chemical Company, Inc.:

Procaine-Rector.

E. R. Squibb and Sons:

Antipneumococcic Serum, Type I.

Personal News and Notes.

Lieutenant Allen Woodcock, Bangor, M. R. C., has been promoted to a Captaincy and is at present stationed at Camp Pine, Little Rock, Arkansas.

Dr. Philip J. Sullivan, surgeon in the navy, has been promoted to Senior Lieutenant.

Capt. Ernest B. Folsom, Portland, has recently received his Majority and is instructing at Allentown.

Capt. Frank E. Leslie, Andover, has been promoted to Major in neuro-psychiatric department Medical Corps.

Dr. C. J. Fernald, Van Buren, is now located in Washington, D. C.

We regret that, on account of unpaid dues, we shall have to drop fifty names from our mailing list.

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OF THE

Maine Medical Association.

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The Journal assumes no responsibility for opinions expressed by the authors.

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JULY, 1918.

No. 12

PROCEEDINGS AT THE SIXTY-FIFTH ANNUAL MEETING OF THE MAINE MEDICAL ASSOCIATION.

Portland, Maine, June 4-5-6, 1918.

FIRST MEETING OF HOUSE OF DELEGATES,

HELD AT THE SUN PARLOR OF THE CONGRESS SQUARE HOTEL, JUNE 4,
1918, AT 8 P. M.

The meeting was called to order by the President, Dr. J. A. Spalding.

PRESIDENT SPALDING: On account of my deafness I think it better to call Dr. Coombs to the Chair and leave the affairs of the House of Delegates in his hands, interfering whenever occasion requires.

(First Vice-President Coombs assumes the Chair.)

CHAIRMAN COOMBS: We will listen, gentlemen, to the report of Dr. Spalding, chairman of the Committee on Medical Defense.

REPORT OF COMMITTEE ON MEDICAL DEFENSE.

All medical interests are so dwarfed by the war that it seems absurd to pay any attention to minor affairs such even as medical defense, but your committee has its duty to perform and it reports to this effect.

The essence of medical defense against malpractice suits is, that the State Association unites its members, and backs up with its personal representatives in court, all members sued for malpractice. The presence in the trial of the President of the Association, of two of the Councilors (as we recommend) and of an attorney hired by the Association, will influence a jury favorably; the many

verdicts in favor of the defending physician in many States testify to these facts. The attorney for the plaintiff can no longer urge a verdict on the ground that it costs the doctor nothing because the rich corporation pays the damages. Contrarily the Association urges that its client is defended by the physicians of Maine, and that what is called proper treatment to-day may be thrown overboard to-morrow. So, too, the moral influence of the State Committee upon the physician who has by unguarded remarks caused the suit to be brought, is so convincing that he will give only non-committal testimony of no value to the plaintiff, and oftentimes the suit is dropped.

We recommend, therefore, that the committee be authorized to continue its work until the war is over, and in the interval to correspond with the State Committee of Ohio, the last State to adopt medical defense, with a view to discovering precisely the first steps to be taken by any Association entering upon its first suit under the new system.

JAMES A. SPALDING,
WALTER M. SPEAR,
GALEN M. WOODCOCK.
(By J.A.S.)

On motion, it was voted that the foregoing report be accepted, and that the committee be authorized to go on with the work as suggested in the report.

Dr. Spalding raised the question regarding the soliciting of new members, the part our hospitals were to take in the present war, and recommended that the Legislative Committee be instructed to use its influence with both political parties to postpone until after the war discussion of medical affairs likely to impede the physicians of Maine whilst helping out the government. We do not want to be troubled in mind lest during the absence of many of our most prominent members the Legislature pass laws favoring any sects in medical practice or any form of health insurance. He suggested, however, that the Legislative Committee, with the assistance of the State Superintendent of Schools, should try to obtain a law for compulsory utilization of school physicians because the need for such is felt and proved by the State of our recruits of today.

It was then moved that our Legislative Committee be instructed to urge on the political leaders of both parties the postponement until after the war of any legislation likely to injure the practice of members who are serving their country.

DR. SPALDING: I make a second motion that the Legislative Committee be instructed to co-operate with the State Superintendent of Schools to obtain the compulsory appointment of school physicians throughout the State. At present the law is optional, and any town can have a physician if it is willing to pay for it.

The motion being duly seconded was unanimously passed.

DR. SPALDING: In asking for the report of the Committee on Venereal Diseases, I have to say that the government is steadily urging public instruction in the dangers of syphilis and gonorrhea. I have always been of the opinion, however, that this was a matter between the medical officers of the army and the soldiers themselves. Greater exercise of authority to drive off prostitutes from the region of camps would do more good than millions of talks. Nevertheless opinions vary, and the report of the committee is due, and any motions concerning it when read will be duly considered. I call on Captain Whittier for his report.

REPORT OF COMMITTEE ON VENEREAL DISEASES.

From 1912 to the present time your committee has labored to carry out this plan, and it has adopted various means for carrying out the different ends in view. First, the matter of legislation! Each year the committee has tried to establish a sentiment in the State in favor of legislation, and, as you know, at the last session of the legislature the committee was in part instrumental in getting the law passed that we have at present, making the diseases reportable, and providing for free Wassermann tests for syphilis. The matter of education of parents was carried on very largely by means of writing letters to the parents of children, of boys of the grammar school age, throughout the State. The names of these parents were obtained from the State Superintendent of Schools, from the district superintendents of schools, the town superintendents of schools, and not only were individual letters written to these parents, but literature was sent to them—different kinds of pamphlets. This pamphlet that you have all seen was used a good deal, and other pamphlets were used as well. A careful letter was sent to each parent and the importance of taking up the matter with the boy was pointed out. Replies were asked for, and in many cases the parents did reply and further correspondence was carried on. The committee believes that a great deal of good resulted. From this campaign of education carried on with the parents, another plan that was adopted was to get the addresses of boys of high school age, and write to them a very carefully worded letter, sending them this little pamphlet which contains the information which it seems that the high school boys should know, and a great many boys of high school age who have received this pamphlet have either written to me or spoken to me in person and told me that it was a help to them. As far as possible, the committee has tried to carry on the work in a large way of furnishing literature to different people in the State who would use the literature intelligently. The attempt has been made in every case where the literature was given out to get the names of the individuals to whom it was given. It has always been kept in mind that this literature should not be spread broadcast in a loose way without care into whose hands it might fall, but that it should be given out with discrimination.

One of the things that was undertaken at the time when the troops went down on the border was to send the literature down to the Maine troops, and that was done. The Second Maine were on the border at that time, and it was sent to each soldier, and special letters were sent to the officers, enlisting their help to keep the men as free from venereal vice as possible. I received a number of letters from the officers in command, and a very good letter from the Adjutant-

General, in which he spoke of provision for this part of the work. This year this work is continuing among the Maine troops. Letters were sent to a part of the members of the First Maine, the Maine Coast Artillery, and the work was continued until the government took up the work in its present energetic fashion; and now, so far as the soldiers are concerned, it seems to me that the government is doing all that can well be done, and is carrying on this work with very great vigor. Capt. Stewart can bear me out in the statement that a good part of the time of the medical man is taken up in carrying on this work of sex hygiene, and, for one, I believe that this work of the government is going to bear great fruit. It is already bearing great fruit, and of the many things that we count on to aid us in winning the war, no one means deserves more honorable mention than this attention to sex hygiene that the government is giving.

I have the financial report for the year and I would like to read it at this time. During the year, on account of the fact that the committee had something like \$300 on hand, and on account of the many demands that are being made upon everybody in connection with war work, the committee has not carried on any active solicitation for funds, and those that have come in have been almost entirely the income from the funds that we have and the \$25.00 that the Association voted last year. So that the contributions, including the \$25.00 from the Association, amount to

	\$ 27.00
The interest on the Francis A. Morrow Fund amounts to	72.00
The Savings Bank interest amounts to	7.84

This gives a total of	\$106.84
received during the year, which added to the \$342.12, balance left over from last year, gives a total of	449.07

EXPENDITURES.

Postage and stamped envelopes,	\$ 50.20
Clerical work,	60.25
Express,	2.75
Printing and stationery,	46.99
Pamphlets ("The Sex Hygiene for Young Men")	10.50
Total expense,	\$170.69

Thus there is left in the treasury of the Association \$278.38. This money is on deposit in the Brunswick Savings Institution. Of course, besides this, we have the Prince A. Morrow Fund, which pays interest of \$72 per year.

It seems to me doubtful whether it is best to carry on a campaign for funds for the next year. It seems to me that we had better go ahead and spend from the sum that we have on hand and use that up, or partly use it up, before we start to raise more money by writing to our friends. I do feel that if the finances of the State Association permit, it would be very acceptable to the committee if they would grant the twenty-five dollars that they have granted the past few years. This is not so much for the actual aid that the twenty-five dollars gives us as the feeling that the Association is back of the committee and is assisting. I feel that whenever it is necessary to get funds to carry on the work of the committee that these funds will be forthcoming. I feel that even in this war time there is a great work for the committee, that this movement which this Association was so prompt in fostering has gained great weight as the years have gone on, that the feeling of people in general in regard to sex education

and the prevention of venereal disease is far different now from what it was eight years ago—back in 1910—and that whatever change has happened in this State is not so much due to the efforts of the committee as it is to the general trend of public opinion the world over, and that this State has simply been carried on with the rush of the change of public opinion; but I do like to feel that the committee has done something, and I do like to feel that the Association is back of it.

I present, Mr. Chairman, this report for auditing, and ask that a committee be appointed to audit the accounts. I also ask that the committee be continued.

CHAIRMAN COOMBS: Gentlemen, you have heard the report of Dr. Whittier, of the Committee on Venereal Diseases, and it calls for action on three matters. First, the reference of the financial portion of it to the auditing committee, which is the Board of Councilors; second, action upon the other portion of the report, and third, the question of the continuance of this committee and the giving to that committee of the funds which have been requested by Dr. Whittier. I call for a motion with reference to the auditing committee.

On motion by Dr. Pudor, duly seconded, it was voted that the report be referred to the auditing committee, and then spread upon the records.

DR. OWEN SMITH: Mr. President, if it is in order, I think someone ought to make some remarks in regard to the work of this Committee on Venereal Diseases. It has done a tremendous amount of work, and I think some kind of a vote of confidence or thanks or appreciation ought to be passed by this Association, and that the requests as presented by their chairman ought to be granted *in toto*. I move you, Mr. Chairman, that the work of this committee be approved by the House of Delegates, and that we grant all their requests, excepting, of course, the financial part of it, which ought to be referred to the Council.

Motion seconded and passed.

VICE-PRESIDENT COOMBS: Later on a Budget Committee will be appointed by the Chair, to which all these matters of appropriation will be referred. I will call upon Dr. Spalding for his further report.

PRESIDENT SPALDING: The Cancer Committee. Will Dr. Pudor report to the House of Delegates for that committee?

DR. PUDOR: This is news to me. I never knew I was on the committee, never was notified by anybody.

PRESIDENT SPALDING: Thomas A. Foster was the man who had it in charge, and before he went to the war he came to see me and left a little note regarding it, but I have mislaid it. The members of the

committee are Dr. Foster, Dr. Sturgis and Dr. Pudor. There being no report, however, we will proceed.

I know nothing about the report of the delegates to the American Medical Association, but I will now tell you that Dr. Leslie, of Andover, and Dr. Sleeper, of Sabattus, both having gone to the war, Dr. Addison Thayer will speak to you tomorrow afternoon at the end of the session in regard to the affairs of the Bowdoin Medical School.

I notice that Dr. Hardy, of Waterville, is the delegate to the National Legislative Council, and if he has anything to report, we would be glad to hear from him.

DR. HARDY: Mr. President, I have nothing to report as delegate to the National Legislative Council, but as a member of the Legislative Committee of the Association we have a few things that we want to bring before the House of Delegates. The President has made a report for the Legislative Committee in part, but the Legislative Committee has been in conference with the State Department of Health, and Dr. Bristol has outlined some of the things that he has in mind to be brought before the next session of the Legislature. Dr. Beach will report to you the particulars of Dr. Bristol's requests.

There is one thing that I think we ought to discuss at this time. There has been in the past some dissatisfaction with the amount of money that the Legislative Committee has used at times. Two years ago the Legislative Committee was instructed not to employ a paid attorney. Some of you, of course, are familiar with the work that the Legislative Committee did two years ago, and there was an expression last year that the Association ought to care for the expenses of that committee. Now we would like some instruction in regard to that. While last year we were instructed not to employ a paid attorney, one was employed by some members of the Association not connected with the Legislative Committee, and we were asked to approve the bill, which, of course, we could not do. I think at this meeting some fairly definite instructions ought to be given the Legislative Committee so it will know what power it has. I feel, too, that this work ought to be under the charge of the Legislative Committee. We have had the experience of meeting and formulating a plan for taking care of the conditions there at Augusta, and then some other members of the Association would come in, without any conference with us, and upset the whole kettle of fish. I think the legislative work ought to be left to the Legislative Committee, and that they should be empowered to call on other members of the Association as they see fit. I hope that these things will be considered by the Association, and the Legislative Committee be given some instructions. I think the committee ought to be authorized to employ a clerk, at least, to keep in touch with all the medical legislation, which, as you know, is no small task. The members of your committee are hustling to earn a living for themselves, and it takes quite a little of their time. That work could be done by a paid clerk very nicely, and it would relieve the Legislative Committee a great deal. I think Dr. Beach has a further report to make.

DR. BEACH: Mr. Chairman, Dr. Bristol, who is our State Commissioner of Health, had hoped to be present at this meeting and outline in a measure the work that has already been accomplished, as well as the very important work that is yet to be accomplished by the State Department of Health. This is in

part because the State Department of Health feels in a sense responsible to this body—it really was organized as a result of the efforts made by the State Association two years ago at the legislature—and in part because it cannot accomplish any really effective work without the endorsement of the State Association. It is certainly no more than right that the medical profession in the State should have a voice in the work that is being done by the State Department of Health. Unfortunately, Dr. Bristol had to go to Washington to attend a conference of the State Health Commissioners with the Surgeons-General of the Army and Navy and United States Public Health Services, but he left me a letter asking me to bring up certain subjects which are dear to our hearts and which we hope to bring to the attention of the Legislature and the Governor and Council during the coming year.

The State Department of Health has been very fortunate in securing the assistance of men for District Health Officers, publicity agents, and other division heads, who are very competent, and who have done extraordinarily good work so far. We have moved into large quarters and the work is going on very satisfactorily.

The time has now come when we feel that certain changes are perhaps more vital on account of the war than they otherwise would be, but they certainly are no less vital than they have been for years. Maine is not perhaps on a level with a good many of the more progressive states, certainly not where she ought to be. Dr. Bristol has given me a list of subjects which have been discussed at meetings of the Public Health Council.

First, is the difficulty with the present law governing the compulsory vaccination of school children. More of these points have to do with the control of small-pox. The last epidemic this year has been extremely severe, and while not extremely fatal—in fact, less so than most of the epidemics—it has nevertheless been far wider spread than usual. We believe this in part to be owing to the movement of troops, because this seems to be an epidemic not entirely confined to Maine, but has spread pretty generally throughout the country. Compulsory vaccination, gentlemen, under the law is optional to the school boards, and steps will be taken by the Public Health Department to have that law worded in such a manner that it shall no longer be optional to the school boards. As I understand, only one school board has made it absolutely compulsory, but it should be so made throughout the State.

The second thing is that it is hoped that in an emergency such as we have had this winter, where the spread of the disease was general, it will be allowable to declare any county under a special compulsory vaccination law, at the discretion of the State Department of Health. That would enable us to vaccinate perhaps one or more of the border counties where the disease seems to be getting a hold this year, apparently from Quebec, though some from New Brunswick, without antagonizing all the people in the State by compelling every adult to be vaccinated. Another place where small-pox has seemed to creep in has been in the logging camps, and a special ruling should be asked permitting compulsory vaccination in logging camps where the State Department of Health feels that it is necessary. We found that there was one curious anomaly in the health laws. While the State Department of Health is allowed to quarantine any private family in the presence of contagious disease, there is absolutely no law permitting it to close public meeting places or places of amusement, which without doubt have been factors in the spread of this last epidemic. I refer particularly to

moving picture places, though probably the churches are not wholly innocent. A ruling will be asked to permit the State Department of Health to order closed public meeting places and places of amusement during epidemics of contagious diseases.

You are probably familiar with the present ruling which requires the reporting of tuberculosis to the State Board of Health. Local Boards of Health have for a long time been very critical of this ruling, feeling that it did absolutely no good in the matter of controlling the disease. The State Board of Health knows where a large per cent. of the cases are located, by this means, but no local Board of Health is in a position to control the spread of tuberculosis because the reports are not made to them. We therefore have felt that it will be wise to change this law in such a way that the reports of tuberculosis cases will be made directly to the local Boards of Health, and, if it is still deemed desirable to have them go through the State Department of Health, that will be done from the local Boards rather than directly from the physicians.

Our present vital statistics law is not in accord with the more advanced laws in some of the other States, and it is the purpose of the Commissioner to ask for a new law corresponding to what is known as the Model Law of the United States Public Health Service.

A suggestion was made at the Child Welfare Conference that county nurses could well be introduced into the Public Health Service in the State, and that has been discussed at the meetings of the Public Health Council very favorably. It has been manifest by the enormous amount of work that has been thrown on the District Health Officers, of whom there are only three at present (and that is all that can be provided for under our present appropriation), that the work will not be done as it should be done with only three District Health Officers. It is doubtful whether the State will feel like paying for more men, and it is going to be difficult under present conditions to obtain more men competent to do this work. If a law could be passed authorizing the District Health Officers to have under their charge a certain number of nurses, assigned to the different counties of the State, that would greatly facilitate their work, and would probably save a good deal of expense to the State in the employment of fewer highly trained men.

The matter of reporting venereal diseases has been brought up by Dr. Whittier at this meeting. A ruling will undoubtedly be passed by the State Board of Health declaring these a part of the epidemic diseases, the contagious diseases, and reportable under the contagious disease law. Some time ago a circular letter was sent around to every physician in the State, asking his attitude with regard to declaring these diseases reportable. At our last meeting of the Public Health Council I think two weeks had elapsed, and in that time, a quarter of the letters had been answered, which you know is a remarkable proportion of replies to any circular letter. Out of 1200 letters sent out we got 370 and odd answers, and of those answers I think all but four or five were in favor of making these diseases reportable, and expressed their willingness and desire to co-operate in the reporting of their individual cases. With that backing, the Public Health Council had a meeting with the representative of the United States Public Health Service, which is very anxious to have the venereal disease campaign carried on more effectively, and very liberal assistance was offered by the Public Health Service, both financially and with the moral backing of the Service, towards carrying out this provision, so that in the very near future we

will probably adopt what is known as the Australian plan, which Dr. Whittier has mentioned here, reporting the patients by number to the State Department of Health. As long as the patient keeps under the treatment of his physician, that is all the report that will be made. When the physician loses track of that patient, and has reason to believe that he has ceased to take the requisite treatment, the case is then reported by name to the State Department of Health, which looks into the matter and finds out where the trouble is.

Some steps will probably have to be taken with regard to the milk supply. Just what, we have not considered; but the conditions are not satisfactory at present. They are handled from the point of view of the farmer by the State Department of Agriculture, but not so effectively from the point of view of the consumer.

Another thing which has not been definitely taken up, but will have to be during the ensuing year, will be the reorganization of the local Boards of Health in some way to increase their efficiency. It may be that something can be done which will not involve a change in their make-up, but from the experience that we have had this year, it would seem that something must be done with regard to increasing their activity.

If these eleven points which we have in mind meet with the approval of the House of Delegates, we should be very appreciative of their backing; in fact, if there were some way that they could be brought up in the general meeting, so that we might feel, as Dr. Whittier has said, that we have the backing of the society, the backing of the State Association, it would probably greatly facilitate our work and encourage us to believe that the physicians wish to co-operate with the line of policy which we have outlined. I should like to know whether it is the feeling of the House of Delegates that this matter is a proper one to bring before the general meeting.

PRESIDENT SPALDING: As I understand it, the motion before the House is on the acceptance of Dr. Hardy's report as delegate to the National Legislative Council.

DR. GEHRING: I move that Dr. Hardy's report be accepted and placed on file.

VICE-PRESIDENT COOMBS: It seems to me that the subject should not be dropped there. It seems to me that this matter should be open for discussion now, and that the aid that this committee asks from this House of Delegates should be given to it.

DR. GILBERT: Mr. President, I would like to say just a word. Dr. Hardy has raised three questions. One, the finances. That will be settled by a budget committee. Second, the question of lack of understanding between this committee and the State Board of Registration. I do not see how the Association can better it any. Third, I think the mere fact that the committee is appointed to do the work shows that it has the power to go ahead. In going over the records of this meeting a year ago, there was an almost endless discussion of these matters. It seems to me that the committee has power, and that is what Dr. Hardy has asked for.

On motion of Dr. Smith, it was voted to recommend that the Budget Committee appropriate \$300 to the Legislative Committee to carry on their work.

CHAIRMAN COOMBS: The next thing in order is a motion in reference to Dr. Beach's report with reference to the State Department of Health and their suggestions. A motion is in order.

DR. GEHRING: I move that the report of Dr. Beach be accepted and placed on file.

DR. GILBERT: I would like to amend that by referring it to the General Session.

DR. GEHRING: I accept the amendment.

The motion as amended being duly seconded was unanimously adopted.

DR. GEHRING: I should like to ask Dr. Beach a question about reporting cases of venereal disease by number. I do not understand exactly how that would work out. Can the doctor explain it?

DR. BEACH: I do not know whether I can explain it or not. This is something that I am not absolutely familiar with, but my understanding of it is like this: A physician will report that this is Dr. So and So's case No. 40; that it has come into his office or clinic, or wherever it may be, under given conditions, giving a general outline of the situation of the case and his idea of what should be done in a very few words. The matter drops right there until the State Board of Health hears from him again. By and by he says: "Six weeks ago was the last time I saw my case No. 40"—I think that was the time limit suggested. "I have reason to believe that the case has left town or has ceased to take treatment, or whatever it may be. The name was so and so, and the address at the time I was treating was so and so." Then the State Board of Health looks into the matter; otherwise the thing runs on until he says, "I consider my case No. 40 free from the disease, and I have discharged the patient."

DR. WHITTIER: That is my general idea of it.

DR. GEHRING: Of course in the meantime, Mr. Chairman, until the case has reported, he may have infected a good many individuals?

DR. BEACH: That ruling is different in different states. I do not remember what it is in Australia, where the system originated. Some of the states put it six weeks.

President Spalding moved that the State Department of Health be invited to present a paper each year before the Association.

Seconded and carried.

PRESIDENT SPALDING: At the last meeting of the Council it was voted that, as Dr. Gilbert might be called away at any time, the JOURNAL of the Association should be continued by the President, with the aid of Dr. Gilbert so long as the latter remained in his medical practice. This has been carried out, and under the business skill of the managing editor all has gone well. I understand that Dr. Gilbert has prepared for the attention of the House of Delegates a paper concerning the JOURNAL, and I am sure that everybody caring for the interests of the Association will be very glad to hear what he has to say concerning the status, the costs and the future of the JOURNAL. Speaking in advance of whatever may be said, I am most positive that in order to keep up to date with the urgent times in which we live, the JOURNAL ought to be carried on with our very best energies. The JOURNAL has been quoted in San Francisco, noted in Mississippi, and a journal in Texas has copied our annotations. I now ask your attention to remarks from Dr. Gilbert.

DR. GILBERT: Mr. President, and members of the House of Delegates:

In reviewing the work of the JOURNAL for the year, one cannot lose sight of the criticisms from various sources, and anticipating further criticism of like nature, I will use a small portion of this report in placing before the House of Delegates the conception and actual position of your JOURNAL.

Up to 1910, this Association published, as its official organ, what was known as Transactions of the Association, in pamphlet form. This had been common practice with similar organizations, and no one thought of comparing our publication with any other, as it was distinctly our own official organ.

In 1910, some twenty States had changed their publications to State journals, issued monthly or even bi-monthly, and in no instance will you find them entering into competition with national journals, but are owned and published by the State societies as their official organ and cannot justly be compared with national journals for monetary reasons. This point I wish to make clear and so avoid any useless discussion which is wholly foreign to the question, so far as it relates to any State medical journal.

The value of a State medical journal depends on how much a factor it can become in organization work. With a membership of about 400 in 1910, 606 in 1912, 678 in 1916, and 740 in 1918, may give one some idea of the strength of the argument that the Association gives them a monthly journal in return for their dues. Many physicians do not attend the meeting and the Journal represents their full value from their State dues.

It is within the scope of possibility to extend the services of the JOURNAL to all medical institutions in the State, where vast funds of material might be published for the benefit of both the members and the author.

Whereas the State JOURNAL is distinctly and wholly the organ of the State Association, our exchange numbers 68, which includes the 28 State journals, and a large majority of the medical libraries in the country, furthermore the *Journal of the American Medical Association* abstracts articles from the State

journals, while other national journals do likewise, so that a paper of merit will receive due recognition as shown by the abstracts; also the inquiries from all parts of the country coming through our office for reprints of articles.

To summarize:

1st, our JOURNAL gives the Association a strong argument in maintaining a maxim of membership.

2nd, its pages are open to the members of the Association to publish their interesting cases or papers read before local societies. The men who gain prominence in larger centers write two or more papers every year, as they recognize the fact that in writing an article it is necessary to carefully review the subject at hand. This makes them familiar with the subject and they soon develop a style of writing which renders the work comparatively easy and intensely interesting and instructive.

One might go on indefinitely pointing out avenues where a State medical journal would be of value to all members, but no one man or group of men can do more than make it a medical journal without the active co-operation of the Association.

I can assure you all that those men associated with the JOURNAL are doing their very best and will welcome any constructive criticism.

During the past year, your editorial staff have published all material of the State society, together with all available material. They have worked in co-operation with the government in the publication of their news and endeavored to co-operate with the medical institutions of the State. It is herewith suggested that the editorial board include the Superintendents of the Maine and Eastern Maine Insane Hospitals, the Superintendent of the Institute for the Feeble Minded, the Commission of Health, the Dean of the Medical School and the Medical Director of the State Sanitoriums. If these men would interest themselves in the work of the JOURNAL, it would be a step in advance along lines of value to us all and make available for the JOURNAL a wealth of valuable material.

The JOURNAL is stronger to-day than at any time in its history. It began the year with a balance in the treasury of \$160.90. The total income and expenses are as follows:—

Income from advertising,	\$1,217.56
Income from appropriation,	500.00
Income from subscriptions,	12.00
	<hr/>
	\$1,729.56
Expenses of printing and mailing and incidentals,	\$1,728.10

The July issue alone cost over \$150.00 and was devoted exclusively to the transactions of the Council and House of Delegates. By the direction of the Council they had been cut fully a third. Notwithstanding this, the JOURNAL can be maintained at less than \$1.00 per member with our present printing contract, which has remained the same during the war up to the present time.

Respectfully submitted,

FRANK Y. GILBERT,
Managing Editor.

CHAIRMAN COOMBS: Gentlemen, you have heard the report of Dr. Gilbert. Like other reports, it covers first the question of financial standing, and Dr. Bryant tells me that this does not go to any particular

committee. The question before the House is action upon Dr. Gilbert's report, and particularly on his recommendation as to the editors. Will the House of Delegates make a specific recommendation at this time?

Thereupon upon motion, duly seconded, it was voted that this report be accepted in full with its recommendations.

CHAIRMAN COOMBS: Dr. Spalding wishes to bring up the Owen Bill. He inquires if the bill is dead?

President Spalding raised the question of the Owen bill, but as no one present had any knowledge as to its provisions, it was referred to a later session.

PRESIDENT SPALDING: I suggest that the House of Delegates express their opinion whether or no the mileage costs of the next President of the Association should be paid by the State Association Treasurer, upon presentation of a certificate of attendance on a stated county meeting, duly signed by the County Secretary-Treasurer.

On motion, duly seconded, it was voted that the foregoing matter be referred to the Board of Councillors.

PRESIDENT SPALDING: I have one or two other matters that I would like to call to your attention, although the evening is getting late. Dr. Adam P. Leighton, Jr., Chairman of the Board of Registration, called to our attention in the November (1917) JOURNAL the presence among us of many irregular practitioners of medicine, and of the duty of physicians to report them whenever and wherever discovered and located. It is to be hoped that all members will bear this important topic in mind, first, for the protection of the people, and after that for their own protection from underhanded methods of practice against their own families and patients.

On motion, voted that members ought to be urged to report any unlicensed practitioners of medicine to the Board of Registration.

DR. CALL, of Lewiston: Mr. Chairman, we never have a time but there is a man in Lewiston or Auburn who comes under that head. We have reported it and tried to get some action, but we have not been able to have it taken up.

CHAIRMAN COOMBS: Gentlemen, this is a matter that should have come up before this motion was put, and it seems to me that some action ought to be taken by the House of Delegates in reference to it. Someone ought to prod up the proper official.

DR. SMITH: I move that we invite the Board of Registration to be present at a meeting of the House of Delegates tomorrow or next day, and report why these things have not been attended to.

CHAIRMAN COOMBS: Can you give specific instances, Doctor Call, to bring before the Board of Registration?

DR. CALL: I don't know as I can at the present time, but a year and a half ago we had a man—I have forgotten his name now. He came down from Biddeford and was there a year or so. I think he has gone now, but he stayed for sometime.

DR. SMITH: There must be two sides to this question, and if they were invited to come here it might clear up the whole matter.

Dr. Smith's motion, being duly seconded, was then unanimously passed.

President Spalding called attention to the meeting of the Council of National Defense, which will meet in Chicago Sunday, June 9, at 10 A. M.

PRESIDENT SPALDING: I notice on the list of committees it says, "Delegate to National Council on Medical Education, F. E. Leslie, Andover." As I understand, Dr. Leslie has gone to the war and so cannot make any report. If there is anything that is important in this world for a physician it is an education in medicine, and I am sorry to say that I do not recollect any paper ever being read before the Maine Medical Association on this topic. If there has been, then I think it is time that another should be read. I think that once in two or three years somebody should stir up his brains and his wits and plan to read a paper before the Maine Medical Association on medical education and the latest ideas on medical curriculum, and once in four years it seems to me a paper from some outside competent man would be very advisable, and the younger men in the community beginning to study medicine should be invited to attend. Perhaps they would find something to their advantage.

The other committees, that on Public Health among Women, represented by Dr. Lucinda Hatch, and that on Health and Public Instruction, represented by Doris M. Kraus, of Augusta, and Laura Noyes, of Rumford, do not seem to be present. Dr. Nichols Committee to Represent Maine at the State Anti-Tuberculosis Meeting is in the service.

I have just received a paper on the medical reconstruction of war cripples which I commend to your consideration, and also urge that when you receive any pamphlets on these lines you will look them over and see if there is anything that you consider of use to the community, and, if you can, help to build up the character of the cripples. Very little attention is paid to them or to anybody who is defective; I am sorry to say that we pass most of them by. I have met one or two cripples lately, and I have encouraged them to write out a history of what they have accomplished in spite of being crippled. If I get any

satisfactory replies from them I will be very glad to communicate them to anybody interested in the topic. There is no doubt we shall have thousands of them here after the war, and something must be done for them—not to treat them as charity patients, but to help them to get something to do. You will be amazed to see what the French and the English have done in this respect, and it is time we should take some ways and means to help out the cripples. I commend the study and rehabilitation of the war cripples to your very earnest attention.

CHAIRMAN COOMBS: Gentlemen, there are a number of Councilors here. I will ask for the report of the Councilor for the First District, Dr. Whittier.

DR. WHITTIER: The First District comprises the two counties, Cumberland and York. I regret that I have been unable to attend the meetings of the County Societies, therefore I am indebted to the county secretaries for my report.

From Dr. H. A. Pingree, Secretary of the Cumberland County Medical Society, I have received the following letter:—

Dear Doctor:—

The following is the list of names of last year's officers of the Cumberland County Medical Society:

President, W. D. WILLIAMSON, Portland, Me.

Vice-President, C. H. CUMSTON, Brunswick, Me.

Secretary, A. W. HASKELL, Portland, Me.

Treasurer, W. W. DYSON, Portland, Me.

Annual meeting of election this year, December 21, 1917.

DATES OF MEETINGS AND SPEAKERS.

April 30, 1917—W. L. Cousins on Medical Reserve Corps.

December 21, 1917—J. A. Spalding on School Medical Inspection.

February 8, 1918—Thompson, Lamb, Williamson, and Emery report of cases.

April 12, 1918—Dr. E. W. Gehring, Group System of Medical Practice.

Very truly yours,

H. A. PINGREE.

From Dr. A. L. Jones, Secretary of the York County Medical Society, I received the following letter:—

Dear Doctor:—

Your letter of the 31st received. The officers for the year 1917 were:—President, Dr. Chas. E. Cook* of South Berwick, Me.; Vice-President, Dr. Clarence F. Kendall* of Biddeford, Me.; Secretary, Dr. A. L. Jones of Old Orchard, Me.; Treasurer, Dr. Charles F. Traynor of Biddeford; Censors, Dr. J. A. L'Heureaux of Sanford, Dr. F. E. Small of Biddeford, Dr. J. O. McCorrison of North Berwick; Delegates to Maine Medical Association, Dr. L. L. Powell*, of Saco, Dr. D. E. Dolloff* of Biddeford, Dr. F. W. Smith of York Village.

* In U. S. Military Service.

The annual meeting for the election of officers was held at Biddeford, Thursday, January 3, 1917. Our summer meeting was held on June 28, 1917, at the Old Orchard House. Dr. Spalding, our State President, was present and gave an interesting address along the line of medical preparedness for war. Dr. Kendall spoke relative to the M. O. R. C. Dr. F. C. Tyson, of Augusta State Hospital, had for his subject, "The Function of the State Hospital in Social Service." Our autumn meeting was held at North Berwick on October 4th. Dr. F. J. Welch was present and gave an illustrated address, "Diagnosis of Pulmonary Tuberculosis." At the January meeting, in Biddeford, Dr. R. D. Small gave an address, "The Treatment of Burns." Dr. S. S. Warren had for his subject, "The Worries of an Older Obstetrician." At the April 4th meeting in Kennebunk, Dr. Clinton N. Peters of Portland presented a paper, "Acute Unilateral Kidney Infection of Hematogenous Origin." This Society has elected five to membership this present year, 1918. We have a total membership of 71, 8 of whom are in military service. Best wishes for a successful and enjoyable meeting next week.

Faternally yours,

ARTHUR L. JONES, *Sec'y.*

It was voted to accept the report of the Councilor from the First District.

CHAIRMAN COOMBS: We will now listen to the report of the Councilor from the Second District, Dr. Bell.

DR. BELL: Mr. Chairman, I have no report to make. I was only notified that I was a member of this committee a few days ago. We do have regular meetings in Franklin County, with a fair attendance as a rule.

It was voted to accept the report of the Councilor from the Second District.

The Councilor from the Third District, Dr. Williams, being absent in the service, it was voted to pass over that report, and the same with the report of the Councilor from the Fourth District.

DR. BRYANT: I have a short report to make as Councilor from the Sixth District.

This district includes Aroostook, Piscataquis and Penobscot counties. Aroostook has held one business meeting, with election of officers, and at that meeting Dr. Spalding was present. The next meeting will be held sometime in June. They have but two meetings a year. In Piscataquis County they have held one meeting, simply for organization and election of officers. In Penobscot County we have held the usual eight meetings. They have been fairly well attended, and the interest in the Association has been kept up there. Our county society is in a very flourishing condition at the present time. I do not think it is necessary to go into further details, and this is all the report I deem it necessary to make.

On motion voted to accept the report of the Councilor from the Sixth District.

CHAIRMAN COOMBS: Next is the report of the Secretary of this Association.

DR. BRYANT: Gentlemen:

When Dr. Thompson went into the service it was left with the Secretary and with the President to have some man substituted for Dr. Thompson for the rest of the year, and at a meeting of the Councilors held here in Portland, called by Dr. Spalding, the President, I was asked to finish out the service of Dr. Thompson. I have carried out the work to the best of my ability, and I simply make this short report regarding the secretaryship. All the counties have reported, that is, all the counties where there are societies.

Androscoggin reports 51 members paying their dues, and 7 of these are in the military service. Last year there were 66 members, a falling off of about 15.

Aroostook County reports 49 members, and of these 4 are in the service. There were 52 members last year, a falling off of 3 members.

Cumberland County reports 146 members, with 28 in the service. Last year they had 156 members, a falling off of 10.

Franklin County reports 19 members, with 2 in the service. Last year they had 17, making a gain of 2 for Franklin County.

Hancock County reports 21 members, with 6 in the service, where they had 22 last year, a falling off of 1.

Kennebec reports 73 members, with 10 in the service, and 75 last year, a falling off of 2.

Knox reports 22 members, 3 in the service, 22 members last year.

Oxford reports 36 members, 8 in service; also 36 in 1917. These are all up to June first. Some of these societies have reported one or two members since, but the books closed the first of June.

Penobscot reports 88, with 26 in the service and 86 last year, a gain of 2.

Piscataquis reports 20 members, with 3 in the service, a falling off of 2 members from 1917.

Sagadahoc reports 17 members, with 5 in the service, and 19 last year, a falling off of 2.

Somerset reports 18 members, with 4 in the service, and 20 in 1917, a falling off of 2.

Waldo reports 11 members, 5 in the service out of the 11, and 12 members in 1917, a falling off of 1.

Washington reports 35 members, two in the service, and 40 members in 1917, a falling off of 5.

York reports 71 members, with 8 in the service, and 70 in 1917, a gain of 1.

Total members for 1918, 688, of which 121 are in the service, and a loss of 37 members from 1917.

Just what the cause of the falling off of membership is due to is a question. Possibly, raising the dues to four dollars has had something to do with it, but where some have dropped out quite a number have come in of new members. We have, however, a loss of 37 members. That is the report of the Secretary.

REPORT OF THE TREASURER.

We have collected for dues for this year the sum of	\$2,382.00
There was brought over from last year,	1,358.92
Making a total of cash to our credit of	<u>\$3,740.92</u>

There have been paid out in bills this year the sum of \$941.65, leaving a balance in the treasury of \$2,799.27. I think quite a number of back bills have been paid. The legislative bill I paid the other day. So far as I know, there remains outstanding one small bill of \$1.35 for printing. Of course that does not include the expenses of this meeting, which come in after June first. Possibly it might be well to give you some idea of where the money is going, if you care to listen to it.

Cash for buttons,	\$ 5.00
Thaxter & Holt, an old law bill for the Legislative Com.,	50.00
F. Y. Gilbert, traveling expenses of Dr. Nichols,	6.52
F. N. Whittier, Cancer Committee,	25.00
Expenses of Francis Peabody, one of the lecturers, last year,	11.00
Cecil Clay, stenographer,	95.50
Marks Printing House (for programs),	38.90
Blake, Barrows & Brown, Treasurer's bond,	5.00
Journal of the Maine Medical Society,	500.00
Dr. W. F. Hart, the Ex-President, the usual amount for expenses,	25.00
Dow & Pinkham, for insurance on the State library over here in the Eye and Ear Infirmary,	6.50
F. H. Clifford, for printing,	4.78
H. W. Shaylor, for operating lantern,	10.00
H. W. Smith, over-payment of dues from Somerset County,	16.00
H. J. Beach, for legislative expenses,	42.45
Mrs. John B. Thompson, salary of the Secretary,	100.00

This report should be referred to the Board of Councilors as the auditing committee.

On motion, it was voted to accept the reports of the Secretary-Treasurer and refer them to the Board of Councilors.

On motion, it was voted that the Board of Councilors act as the Budget Committee for the ensuing year.

CHAIRMAN COOMBS: Here is a communication from the American Medical Association, Council on Medical Education.

On motion by Dr. Bryant, duly seconded, it was voted that the request contained in the foregoing communication be referred to the President for him to appoint such a committee.

DR. OWEN SMITH: Before we take a recess, Mr. Chairman, it seems to me that this House of Delegates ought to take some action upon the death of Dr. Williamson. This whole community was shocked and grieved by his untimely passing, and it would seem to me that such a distinguished man in our profession, and one so universally beloved, should receive some thought from an organization with which he had been so intimately associated all his lifetime. It occurs to me that we might have a committee appointed from this House of Dele-

gates to draw some suitable resolutions, to be submitted to the whole Association at a general meeting, and any remarks made upon them that the members feel that they would like to make at that time. A copy of these resolutions, with the remarks, could be sent to the family and spread upon our records. Dr. Williamson was a most unusual man, not only a good friend and a good surgeon, but almost universally beloved and appreciated in this community, as well as in the State at large. He was a member of different organizations, and a member of the staffs of our leading hospitals. I move you, Mr. Chairman, that such a committee be appointed to attend to this matter.

DR. B. L. BRYANT: May I say one word at this time? While the committee is taking up this matter of the death of Dr. Williamson, in our own section of the State there has recently occurred the death of a man whom we were all very fond of, a delegate to this meeting at this time. He was a member of our hospital staff, a member also of all the organizations, and very recently President of our local society, Dr. William P. McNally. May his name be added?

PRESIDENT SPALDING: Your necrologist oftentimes has something to say about those who have passed along, and I intend in my report to say something in regard to both of these gentlemen. I also was expecting in the speech of welcome tomorrow morning to say something in regard to the sudden death of Dr. Williamson. If you think that the report of your President will be sufficient, that might take the place of a regular committee to draw resolutions in regard to these gentlemen. I am not opposing it; I am only saying that your necrologist is always willing to say a good word for those whom he knew, and when he does not know them he can pass that duty on to somebody else. If a committee is asked for, I will leave it to the meeting to decide who shall appoint the committee.

VICE-PRESIDENT COOMBS: Shall Dr. Spalding appoint the committee?

DR. SMITH: Yes.

PRESIDENT SPALDING: I should think that one committee might do for the purpose of drawing the resolutions on these two men, and, if you favor it, I would name one from Bangor in regard to Dr. McNally and one from Portland in regard to Dr. Williamson. If that arrangement meets with your approval, I would nominate Dr. Bryant, of Bangor, and Dr. Smith, of Portland, to present resolutions in regard to the death of Dr. Williamson and Dr. McNally, and it was unanimously voted to accept the nominations as made by the President.

VICE-PRESIDENT COOMBS: Is there any further business, gentlemen, to come before the House of Delegates? We want to get everything done tonight that we can. It takes a little longer, as you all realize, by reason of Dr. Spalding's infirmity, and all we can get done to-night is so much out of the way. It has been suggested that we appoint a committee on nominations.

Dr. Gilbert called the attention of the meeting to the action of the Board of Trustees of the blind school in requesting the resignation of Superintendant Baldwin without giving any reason for so doing, and presented resolutions of protest.

Matter laid on the table.

PRESIDENT SPALDING: The President names the following committee on nominations of officers for the ensuing year: Dr. F. N. Whittier, Dr. C. H. Burgess, Dr. W. W. Spear, Dr. E. W. Gehring and Dr. C. C. Hall.

Voted to adjourn until tomorrow morning at 8.30 A. M.

SECOND MEETING OF THE HOUSE OF DELEGATES.

JUNE 5, 1918, AT 8.30 A. M.

IN THE CITY BUILDING.

There not being time to transact any business before the convening of the General Session, it was voted to adjourn until 5.00 P. M.

THIRD MEETING OF THE HOUSE OF DELEGATES.

JUNE 5, 1918, AT 5 P. M.

IN THE CITY BUILDING.

The meeting was called to order by President Spalding.

PRESIDENT SPALDING: Is there any business before the House of Delegates that was left over from last night that has not been attended to?

VICE-PRESIDENT COOMBS: There is the Budget Committee.

PRESIDENT SPALDING: Is the Budget Committee ready to report upon anything relating to the financial affairs for the year 1918-19?

DR. BRYANT: The Budget Committee is not ready to report.

PRESIDENT SPALDING: I think that committee may report sometime tomorrow.

DR. CALL: If it would be in order, Mr. Chairman, Dr. Garcelon, of Lewiston, would like to mention something for the Legislative Committee.

PRESIDENT SPALDING: We will be very glad to hear what remarks he has to make.

Dr. Garcelon spoke briefly of the amendment to the Workman's Compensation Act submitted to the last legislature by the Androscoggin County Medical Society, calling for the freedom of choice of physician by the patient in case of injury. The doctor's contention is that the compensation act is an act to protect the working man from expense incurred through injury, and if that contention is right we think that the first two weeks' compensation, which amounts to thirty dollars for an injury, is simply a part of the compensation that the man receives, and is not a free gratis thing that the company gives that man and can dictate just how he shall spend it. An amendment should be submitted to rectify this defect.

PRESIDENT SPALDING: This is very important, and it seems to me it should be carried through the legislature and a choice of physicians allowed. If anybody has any remarks to make in regard to it I should be very glad to hear from them, or any motion.

On motion, duly seconded, it was voted that the matter be referred to the Legislative Committee with the endorsement of the Association.

PRESIDENT SPALDING: At the meeting held last evening question was made in regard to the complaint that men were practicing without a license in the State of Maine, and that instances of such unlicensed practitioners practicing in Maine have been handed in to the Board of Registration, and no notice taken of them, and inquiry is made as to why such complaints have not received attention. (See page 345, House of Delegates.)

Dr. Leighton, Chairman of the Board of Registration, gave a brief summary of the work of the Board in attempting to control the illegal practice of medicine. He assured the Association that they were doing everything in their power to investigate complaints, and in closing assured them that if the medical men would co-operate with the Board the present trouble would be greatly lessened.

PRESIDENT SPALDING: If there is no further business, gentlemen, we may as well adjourn subject to the call of the chairman tomorrow morning.

Dr. Bennett inquired if there was any way a physician who practiced in Cumberland County only a few months before joining the Navy could become a member of the State Association.

The matter was referred to the county society, with the recommendation that it waive its rule relating to residence in the County for one year.

CHAIRMAN COOMBS: Tomorrow there is a great deal of business to be done, and we have requested the House of Delegates to meet here at quarter of nine tomorrow morning.

DR. GILBERT: Mr. Chairman, I would make a motion that that be changed to ten o'clock. The motion being duly seconded, it was voted to adjourn until tomorrow morning at ten o'clock.

FOURTH MEETING OF THE HOUSE OF DELEGATES.

THURSDAY FORENOON, JUNE 6, 10 A. M.

Meeting called to order by Chairman Coombs.

The report of the Budget Committee was made by Dr. Bryant, appropriating the following amounts for the year:

Committee on Venereal Diseases,	\$ 25.00
President's expenses,	25.00
Journal of Association,	700.00
Legislative Committee, not over	300.00
Salary Secretary and Treasurer,	100.00

On motion voted that the report be accepted.

Dr. Whittier reported for the Nominating Committee as follows:

<i>First Vice-President,</i>	JOHN STURGIS, Auburn.
<i>Second Vice-President,</i>	CHARLES W. BELL, Strong.
<i>Secretary and Treasurer,</i>	B. L. BRYANT, Bangor.

COUNCILORS.

First District,	JOHN F. THOMPSON, Portland,	Term expires 1921
Second District,	E. V. CALL, Lewiston,	" " "
Third District,	BYRON F. BARKER, Bath,	" " 1920
Fourth District,	OLIVER W. TURNER, Augusta,	" " "
Fifth District,	W. N. MINER, Calais,	" " 1919
Sixth District,	C. H. BURGESS, Bangor,	" " "

COMMITTEES.

Scientific Work. E. W. Gehring, E. G. Abbott, A. R. Leighton, Jr., Portland.

Public Policy and Legislation. D. A. Robinson, Bangor; T. E. Hardy, Waterville; S. J. Beach, Augusta.

Veneral Diseases. F. N. Whittier, Brunswick; A. L. Stanwood, Rumford; R. A. Holland, Calais.

Necrology. J. A. Spalding, Portland.

Cancer. F. W. Mann, Houlton; B. B. Foster, Portland; H. E. Thompson, Augusta.

Delegate to American Medical Association. J. A. Spalding, Portland; B. L. Bryant, Bangor, alternate.

Visitors to Bowdoin Medical School. G. M. Woodcock, Bangor; J. S. Sturtevant, Dixfield.

Delegate to National Council on Medical Education. G. M. Woodcock, Bangor.

Delegate to National Legislative Council. T. E. Hardy, Waterville.

Chairman Committee on Public Health Among Women. Lucinda B. Hatch, Portland.

Health and Public Instruction. Doris M. Kraus, Augusta; Charlotte F. Hammond.

Committee to Represent Maine at the State Anti-Tuberculosis Meeting. R. N. Knowles, Bangor; F. J. Welch, Portland, alternate.

Visitors to State Sanitoriums. F. J. Welch, Portland; W. M. Spear, Rockland; L. G. Bunker, Waterville.

Voted to hold the next annual meeting in Portland.

Adjourned.

FIRST GENERAL SESSION, MAINE MEDICAL ASSOCIATION,

HELD AT

Portland, Maine, City Building, June 5, 1918.

The meeting was called to order by the President, Dr. J. A. Spalding.

PRESIDENT SPALDING: In accordance with the program of the Committee, it is the intention that the President shall make an address of welcome, and I will talk to you with that in view.

Fellow Members of the Maine Medical Association:

I have from time to time in your JOURNAL and before the various county meetings which I have attended with pleasure, written and spoken to you on matters of medical importance. To those already expressed it is fitting that I should add a few more, as we meet together as an united Association. A year has passed since we met, and I think that the deepest thought lying in our minds when we last parted was that many of us would never live to meet again, because the war would put an end to the lives of many of our devoted volunteer physicians. Oddly enough, however, we are still all here on earth with the exception of just one of our brave fellows, who met with an accident in camp and was killed, Dr. Coombs, of Westbrook.

I will ask you now to stand for a minute whilst I say a few words concerning three of our members who have left the places which they occupied in this busy

world and have gone out into the invisible, Dr. Coombs, Dr. McNally, Dr. Williamson.

Wyvern Almon Coombs, of Westbrook, was a promising younger member of the Association, who was accidentally killed by falling from his horse whilst training for military surgery. He stands perpetually named upon our Roll of Honor just as much as if he had been killed on the field of battle, or in a hospital, which in olden times were mercifully and intentionally spared even by the most savage of enemies. Enlisting early for the medical service of the nation he did his work faithfully to the end.

A second prominent member who has fallen from our ranks was William Peter McNally, of Bangor, a most delightful personage, full of life, energy and vivacity during the active portion of his life. He died, as it were, suddenly, from pneumonia, which baffled medical skill. To his bereaved family we will surely send messages of deep sympathy in their loss, and will add the regret of the Association at the departure of a valued member. Penobscot County has lost and will miss an energetic figure in medicine.

Last Saturday morning, as I was walking from my house into Deering Street, I met Dr. Walter Darwin Williamson, as it now turns out to be, for the last time. He was on his way for some repairs at his tailor's, and we passed the time of day. Around his lips was the faint shadow of the lack of perfect health. Instead of saying, as some might have done, that he was not looking well, I told him to keep well so as to look out for one of his medical friends who was working too hard. Dr. Williamson said that he would do his best, and moved along. I looked after him for a little while until he passed out of sight. Apparently in his usual health that morning, on the next morning he was dead. The news of his death was a shock to us all. That anyone should drop out of sight in an instant, as it were, will always amaze us, accustomed, as we are generally, to time in which to say farewell to our friends. To him it was not to be. He has gone, leaving with us the memory of a remarkable man, personally, and of a noble, high and upright reputation. Likewise, we shall long recall his work as a successful surgeon in private practice and in the service of the Maine General Hospital. He was indeed a man whom many revered, loved and cherished, and I know that we all unite in expressing sympathy to his widow and child.

Coombs, McNally, Williamson, men of mark in medical Maine, farewell!

It gives me great pleasure to welcome any delegates from other States who have journeyed down east to look us in the face, and we shall be gratified to hear from them concerning their labors and advances in medicine during the past year.

The nation is asking for more physicians from Maine. Some will volunteer, some will need urging, some will have to be helped. No unmarried man capable of doing medical service should stay at home. We are at a serious crisis in the affairs of the world. If the Huns, as they are proud of calling themselves, are not beaten soon, they will win and own us. As for the fate of physicians on the beaten side, look at the overrun portions of Belgium, Russia, and France. Every instrument, every medical supply, every medical book, every medical investigation, has been thrown out of the physicians' homes, swept into the gutters, burned to ruin, and washed away by rain storms into the common sewer. Many physicians have been lined up and shot, many have died in foreign lands. Such will be our fate at the hands of the intolerable murderers. To us, no pity from the conquerors even if we are physicians. I repeat it, therefore, that every unmarried man should come forward now and be ready to go when ordered.

There is a second class of physicians, married and with children, perhaps, and if they have saved enough and can leave their families independent of outside help by using their savings and their salaries, they, too, should volunteer at once. From these two sets of men stand out, however, men eminent in hospitals or in institutions of medical instruction, or who live in towns from which they cannot be spared. All of these men should be studied by the State Committee of Medical Defense, and exemptions established. So, too, let these men talk over their affairs and their prospects with some of the older men of the Association and ask for friendly advice. The State Governing Board contains men of just this advising age and stability of character, and the younger men should consult with them as much as with their personal friends and families.

There is again a third set of physicians with very moderate means, many of whom would like to volunteer, but fearing that they will get nothing but the pay of a lieutenant, they hesitate to go into debt for the future, even at their country's call. Here, for instance, is a physician who, it seems to me, should be provided for if the government wants him. He gets from his lieutenant's pay and allowance \$2,500, but if he leaves his home, he has to calculate on some \$1,850 to pay for maintenance of his family, and he has only \$650 left to care for his outfit and his mess bills for the year. Amongst the items for the larger sum are interest on his purchased house, his insurance policy, food for his family, coal for heating, gas for cooking, wages for one helper about the house, city taxes, and so on, all of which at economic calculations come to the sum mentioned. In well authenticated instances of this sort the government ought to give these physicians an outfit, at least, or a higher wage in the shape of a captain's commission, if examination proves him to be worthy.

Such are my opinions, and I trust that as our meeting proceeds every member will utter his deepest thoughts, and let us have them when the speaker from Washington delivers his address this evening after the banquet. This question must be solved now, for the enemy are upon us, and troubles are increasing. We must look ahead, and not backward at our past careers. It will be of incalculable value for every physician who goes into the war, something to which he will for life look back at with pride, and best of all, it will take him out of that rut of daily waiting for patients, which is one of the most wearing wearinesses of our medical lives.

Other matters will be handed in for your consideration from the House of Delegates, but the first, most solemn measure before us is to help win the war brought down upon this devastated world by the house of Hohenzollern. If you physicians of Maine want to knuckle down and do what they say you may do, and must do, not only in Europe, but in America, you will sit supine and do nothing until their orders are laid down at your own firesides for you to obey or to die. Before that time arrives, I am positively sure that those who are bodily able will desert everything, and prefer to enroll under the orders of the government of the United States.

Gentlemen, one of the conditions under which I accepted the office of the Presidency for the current year was that a man with good hearing should conduct the meeting according to parliamentary law. I now thank you for all your courtesies extended to me at the county meetings, at occasional interviews with members, for many kind letters of commendation for my labors, and I am now asking our excellent Vice-President, Dr. G. H. Coombs, of Waldoborough, to take the chair. I promise you, however, that you shall hear from me again, and more than once as the meeting proceeds.

PRESIDENT SPALDING : I have the pleasure of inquiring if Dr. Dennett, the delegate from Massachusetts, is present. If so, we would be very glad to hear from him.

DR. DENNETT : Mr. President, and Members of the Maine Medical Society : It gives me great pleasure to come here to-day and to bring the greetings of the Massachusetts Medical Society to the Medical Society of Maine. It is a good deal like coming home. Associated with the privilege of bringing this greeting of the Massachusetts Medical Society is the privilege and the pleasure of coming back to the State where I was born and listening to the discussions of these papers. I feel here the same surcharged atmosphere that is noticeable everywhere in the medical profession where these great war problems are coming up. There is everywhere a feeling of responsibility and care, but it seems to me that, with that, it is well for us, if we can, to get some of the humor, some of the pleasure, out of the other side of life. It might help us to face these problems, perhaps even with a better spirit, to look back at what occurred in 1863 and '64, with which period the present is frequently compared. I am often reminded of the time when the government was in doubt as to what the great army of the Confederacy would do, when they were watching Lee and wondering where he was going to go, whether he was going to strike north or whether he was going to strike Washington. Finally, when the news came to Washington that the greatest army that the Confederacy had ever put forth was moving north, and the report came that the head of the army was in such a place and the tail in another place, Lincoln was able, notwithstanding the great pressure and the great worry of that time, to make this characteristic remark. He said, "If the head of Lee's Army is at Martinsburg and the tail of it is on a plank road between Fredericksburg and Chancellorsville, the body of the animal must be mighty slim somewhere." It was the ability to use in time of stress his powers of logic and philosophy, and thereby relieve the great tension he was under, that saved Lincoln. I think that we should think of these things ourselves. I thank you very much for the invitation, for the cordial reception, and for the greetings of the Maine Medical Society. (Applause.)

PRESIDENT SPALDING : If there are no other delegates from any other State present—and if there are we would be very glad to hear from them—we will now proceed with the regular program, and I call your attention to the important question of health insurance. It has been talked much about, and last year we had an excellent address from our President, Dr. Hart. This year we expect an equally

interesting paper from Dr. Frank E. Rowe, of Augusta, and he will now read it to you.

Dr. Rowe reads.

CHAIRMAN COOMBS: If there are no further remarks we will proceed to the next paper, "Maine's Defective Delinquents and Backward Children," by Dr. Guy G. Fernald, of Augusta.

Dr. Fernald reads.

CHAIRMAN COOMBS: The next paper is by our President, Dr. Spalding, on "The Need of Compulsory School Physicians."

DR. SPALDING: Just a word of apology, gentlemen, for appearing before you so often, but a member last winter informed me that he wanted to prepare a paper on treating school children by compulsory process, for the State Legislature. When I wrote to him, however, in April and asked him how his paper was getting along, he informed me that he had not done anything with it, and he only asked me for information for a paper to read before a county society. That being the case, I felt called upon to fill the gap and to add to the program the paper called "The Need of Compulsory School Physicians."

Dr. Spalding reads.

PRESIDENT SPALDING: I am informed that the House of Delegates is requested to meet immediately after this meeting.

I have the pleasure of reporting the presence of a milk station on the ground floor of this building, and I extend an invitation to the members to visit this most interesting exhibit. I may say that there is nothing more important than to have good milk, and those who take the trouble to go to the ground floor and examine the milk station will be amply rewarded for their bother.

This afternoon, or as soon as we can conveniently get to it, we intend to listen to a general discussion and a session of the Association on Dr. Beach's report on various important laws which the State Board of Health wishes to pass at the next Legislature. I advise all of you to be present and take part in what is going to be said by Dr. Beach. It is a very interesting topic, and the ideas that the State Superintendent of the Board of Health wishes to bring about in the State of Maine are most timely for everybody concerned.

I am requested to give notice that the Eye and Ear Section will meet at twelve o'clock.

I think we have had a very excellent session, and if nobody else has anything to say, a motion to adjourn until two o'clock this afternoon will be in order.

Adjourned.

Second General Session.

JUNE 5, 1918, 2.00 P. M.

Meeting called to order by President Spalding.

THE PRESIDENT: I regret to inform you that a few moments ago I received a letter from Washington informing me that Lieut. Col. Simpson will not be here to speak to you, but he has sent an efficient substitute in the person of Dr. Dickinson, of Brooklyn, N. Y., who will speak to you a few minutes this afternoon, but who will devote the evening hour after the banquet to delivering his opinion in regard to volunteering and enrolling for the war. When he comes I will introduce him to you formally. Until then we will continue with the program, and the first paper will be "A Consideration of the Treatment of Peptic Ulcer: A Report of Forty Cases," by Dr. R. F. Chase, of Portland.

Dr. Chase reads.

DR. SPALDING: As interesting as are these remarks, I am going to ask you to stop the discussion of the topic for the present, and take it up when Dr. Bryant gives his paper in regard to "Chronic Lesions of the Stomach." I have been for a long time in correspondence with Lieut. Col. Simpson, of the Board of National Defense, who was coming here to speak to us. This afternoon I received this letter from him:

"On account of urgent and impèrative duties which have just been placed upon me, and which will require a maximum concentration of effort, I find it necessary to forego the pleasure of attending your State meeting. I have, however, asked Dr. R. L. Dickinson, of Brooklyn, N. Y., a member of the staff of the Council of National Defense, to represent me and to present the subject of volunteer physicians, as to which I should have spoken. I am sure he will do it clearly, concisely and thoroughly, and that you will be pleased with his discussion. I therefore trust that the arrangement may go ahead as planned."

I now propose that Dr. Dickinson shall speak to you briefly, and that he will be considered as the after-dinner speaker at the banquet this evening. I have the pleasure of introducing to you now Dr. Dickinson, of Brooklyn, N. Y.

DR. DICKINSON: Mr. President and Gentlemen: I bring the greetings of the Council of National Defense, Dr. Martin, and the regrets of the Executive Chief, Col. Simpson, that the third officer of that section was the only member who could break away to bear Washington's greetings to you and to put before you this evening the request of the Surgeon General for more men from Maine, and to state to you officially that every organization is to be the volunteer Medical Service Corps, which will divide the profession, as we shall see, into three first classes. Those things I hope with your courtesy

to present to you to-night. We are proud of what Maine has done. We can only tell how proud by knowing the difficulties of your local conditions, the widely scattered areas over which men must travel far, the absence of those great cities which mainly must provide the great bulk of the members of the Medical Officers' Reserve Corps. I suppose you know that of the cities of New England Bangor and Portland stand first, at least, with an average of 18 per cent. of members of the profession of the fifteen or sixteen cities that I have counted, those two cities run over 24 per cent. of men in the Medical Officers' Reserve Corps who have commissions, and in view of the difficulties which we will discuss to-night I congratulate you on what you have done, and hope to see some more of that same hand-picking of the men you can spare to this most important service. I shall hope to say to-night how proud I am to be related, at least by marriage, to Maine. (Applause.)

PRESIDENT SPALDING: After Dr. Dickinson's little speech, I am sure we shall enjoy his fuller remarks after the banquet to-night, and I hope you will all attend.

I have the pleasure of informing you that I am now about to call upon our friend, Dr. Greely, who is a delegate from New Hampshire.

DR. GREELY: Mr. President, and Fellows of the Maine Medical Association: I have no long message to give to you to-day, and will not take up your valuable time, but I will say that I feel greatly honored at meeting with you here to-day. Being a native of Maine myself, of which I am proud, and having received my early medical education in Maine, it is a double pleasure for me to come back here and bring to you the greetings and open-door invitation to our meetings of the New Hampshire Medical Society. So far as progress is concerned in medicine and surgery in New Hampshire, of course we are situated much as many parts of Maine. We are scattered a great deal. We have large areas to cover and little time to study, little time for medical research, but I can assure you of this much, that we have a hard working profession in New Hampshire and many earnest medical men, and I feel that under the conditions in which we are working we are doing fairly good work. (Applause.)

PRESIDENT SPALDING: We are now obliged to change our program a little bit, and instead of hearing now from Dr. Bryant, he has kindly consented to give way to Dr. Beach, and we will listen to a paper on "A Neglected Means of Diagnosis in Circulatory Diseases."

DR. BEACH: I am really sorry to have to interject this between the two gastric ulcer papers. It is too bad to interrupt that rather more important discussion, but Dr. Bryant, knowing of my engage-

ments, has kindly consented to give way. My paper is on the use of the ophthalmoscope in the diagnosis of cardio-vascular diseases.

Dr. Beach reads.

PRESIDENT SPALDING: Gentlemen, at a meeting of the House of Delegates last evening, Dr. Beach presented, as a member of the Public Health Council, a series of suggestions from Dr. Bristol, who, I am very sorry to say, is unable to be present, looking to new legislation to be brought before the Legislature of 1919 in regard to strengthening the position of the State Board of Health among the people of Maine. I now call your attention most earnestly to Dr. Beach's presentation of the state of affairs, and I hope that each one of you will talk to the legislative men in your town and follow up the matter when it reaches the Legislature. I now have the pleasure of asking Dr. Beach to speak to you in regard to Dr. Bristol's propositions for the improvement of the work of the Board of Health among the people of Maine.

See page 338 first session of House of Delegates.

After a very general discussion the following action was taken:

CHAIRMAN COOMBS: In order to further the work of this meeting on the subject, I will read this, which meets with the approval of Dr. Beach, speaking for Dr. Bristol. It is for you to consider whether or not you will pass it.

Resolved, That the measures asked for by Dr. Bristol, through Dr. Beach, receive the unqualified approval of this Association.

Compulsory vaccination of school children, compulsory vaccination in loggings camps and in segregated areas wherever necessary, and so on, as given by Dr. Bristol and taken down by the reporter.

On motion, duly seconded, it was unanimously voted to adopt this resolution.

PRESIDENT SPALDING: I am very glad that this resolution has been passed, and that the business of the meeting is going along so comfortably. I am sure we are all obliged to Dr. Bryant for allowing these matters to come in ahead of him, and I trust that he will now give us his paper on "Chronic Lesions of the Stomach."

DR. BRYANT: I am sorry to have to inflict a paper on you at this time when you are very tired and when the most of you had rather get out than listen to a paper. I think I will cut it short and make it as brief as possible.

Dr. Bryant reads.

PRESIDENT SPALDING: Now, gentlemen, has anyone any remarks to make in regard to the paper read by Dr. Chase on "The Treat-

ment of Peptic Ulcer," or the paper read by Dr. Bryant on "Chronic Lesions of the Stomach"? If so, we should be very glad to hear from him. If there is nothing further before the meeting, I have the pleasure of informing you that we would like to hear from Dr. Thayer, of the Bowdoin Medical School. I understood at the meeting of the House of Delegates last evening that the visitors to the Bowdoin Medical School, Dr. Leslie and Dr. Sleeper, have both gone to war, and that being the case, I should be very glad to hear from Dr. Thayer in regard to the Bowdoin Medical School.

DR. THAYER: Mr. President and Fellows Members:

There are two excuses for my saying something to you—one which the President has given, that there is no report this year concerning the Bowdoin Medical School, and secondly, that some very interesting things have happened to the school within the last few weeks. Any of you who do not care to hear me state them will have an opportunity to read them later in the proceedings of this meeting.

The particularly interesting thing to us who are directly concerned in the school has been the fact that, although the Bowdoin Medical School has existed now for nearly one hundred years, and, as we think, has accomplished a good deal for the State of Maine, the Boards of Bowdoin College, who have had to make good the necessary financial obligations of the Bowdoin Medical School, have been wondering of late whether that burden should rest upon them altogether, or whether they should ask release from it. Some of us here remember a time when medical schools existed for the benefit of the teachers, and when teaching was a rather lucrative occupation, consisting of lecturing to a considerable number of students and pocketing their fees. The change which we have all observed in the conduct of medical schools, which makes it necessary to have a much larger number of teachers, and to have each one of those teachers engaged, not in talking to a large group of men, but showing individual students how to do things, is a change to an expensive method which requires money, requires time, requires a clinic, requires opportunities to teach, opportunities which are not afforded to men of our profession here in Maine unless they are connected with institutions, and unless they are near enough to the place where they give their instruction so that they can afford to do it. Consequently, the endowment of the Bowdoin Medical School has proved inadequate to meet the expenses of the school. Tuition fees, which alone can support no school at all, have furnished but a part of the necessary expenses of our school; and we were brought face to face with the question of whether the Bowdoin Medical School should be blotted out of existence, and that somewhat soon. The Boards felt that it was their duty to face that alternative, and they considered the question in great kindness, speaking well of the work that had been done throughout nearly one hundred years, but feeling that, if the school exists for the benefit chiefly of the State of Maine, Bowdoin College should not bear the whole of the burden. Now, if our school were given up, it is highly improbable that any other school would take its place. Within the past fifteen years more than one-third of all the medical schools in this country have been discontinued. As you know, they were mostly schools of low grade. We have been fortunate enough to maintain our position in Class A, and we have survived

up to this point. You also remember that in this same period the number of medical students in this country has diminished more than one-half. There is going to be, as has been remarked here on this floor today, a shortage of medical men in the near future. Only one new medical school, so far as I know, has been established, and that by the University of Chicago, with an endowment of \$10,000,000. Accordingly, when this crucial question came up a few weeks ago, the two alternatives seemed to be either the Bowdoin Medical School or nothing in Maine in the way of any medical school whatever. The Boards of Bowdoin College decided to continue the school; that is, after careful consideration they voted down the propositions which would lead to a discontinuance of the school, either at the end of this year or at the end of the period during which the students now studying in the school expect to complete their course. The thing is settled for us, therefore, for the present, and when the present—by which we mean nowadays the duration of the war—is over, then will come a drive for the proper endowment of the Bowdoin Medical School.

Now this little talk of mine, for the purpose chiefly of presenting through the columns of our JOURNAL the situation as it now stands, is not an appeal to the pocketbooks of the members of the Maine Medical Association, except, perhaps, in such a small way as doctors are able to meet such an appeal. It is, however, an appeal for loyalty on the part of the graduates of our school, who, as you know, amount to more than one-third of all the practitioners now in the State of Maine—loyalty which will perhaps be fostered by a revival of the Bowdoin Medical Alumni Association. It is also an appeal to practitioners in Maine who are not graduates of our school. The Boards took pains to find out how non-graduates felt about the continuance or non-continuance of the Medical School, and, while there was not unanimity on that point, there was a surprisingly strong feeling on the part of nearly everybody who practices here that it would be in a sense a calamity to have no medical school in Maine. Think for a moment what it would mean to our hospitals! We furnish our young graduates as internes for the hospitals in Maine, as you know, to a very considerable degree, and sometimes, when there has been a shortage from our school, our hospitals have appealed to medical schools in New York or Massachusetts, and the answers to those appeals have not been reassuring or encouraging. We do not want here in Maine the leavings of the medical schools of other States.

This shortage is going to be felt more in the future than we feel it now. Already I think some of you know of communities which are really beginning to suffer because the territory formerly covered by practitioners of medicine cannot possibly be covered adequately now. Those things we do not realize until we have the somewhat dire possibility brought before us, and we are glad, on the whole, that this thing has been presented to the public, and presented to the profession, in the form of a direct suggestion that the only medical school in Maine should be abolished.

I have a good many questions asked me as to what the present status of the school is, and what has been in the air of late. I do not know just what are the most interesting points, but I should be very glad to meet them if anyone has any to bring up. Meanwhile, I do want to say just this, that those of us who have been working pretty hard for a good many years now to keep up a school of which you shall not be ashamed are feeling encouraged at present, because we do believe that, with apparent assurance that our school is to be maintained by Bowdoin College for a time, you, as men brought in contact with people who are really able to help us, people, perhaps, of vision to see that the health of the

community is of first importance, and that the preservation of health is naturally in the hands of medical men, and that medical men should be furnished directly, as in the past, through some institution over which we have influence, and whose standard we can keep at a point somewhere near our aims and ideals, that you, perhaps, can influence such possible friends of an institution that we firmly believe is one of the most useful in our State, to add to its endowment, and make it permanent. (Applause.)

PRESIDENT SPALDING: Has anybody any remarks to make in regard to the report of Dr. Thayer as to the condition of the Bowdoin Medical School and its future? I have always been interested in the Bowdoin Medical School, owing to the collection of medical theses which can be found in the library of the college, written by the graduates of the school from the beginning. One cannot do better than to go down there and look at them, particularly if you wish to know about those who wrote them. You will find that the real smart man in medical practice wrote the real smart medical thesis. They already showed signs of cultivation of mind borne out by their future success. It is a very interesting study, and I do not think any other medical college in the United States has any such interesting collection. I hope that those of you who are interested in the promotion of a school in Maine will do everything you can to induce young men to study at the Bowdoin Medical School, and if there is any proposition made in the future in regard to an endowment, I hope you will do what you can to keep the school alive as a good school, as the only school that we have, and as a school that ought to be maintained. Its history from the beginning has been creditable, and its men have done good work wherever they have been.

I have to inform you that there will be a meeting of the House of Delegates at five o'clock, at which some important business may be presented.

I also hope you will all attend the banquet this evening, for from the foretaste of the speaking of Dr. Dickinson that we have had this afternoon it is evidently going to be good. Perhaps you may hear some things that you do not want to hear about the war, but I am of the opinion that you cannot be talked to too hard in regard to getting men to fill up the quota of Maine. It is our business to do what they are doing in other States. We do not want to stand at the foot of the other States in the United States. At the same time I think that, the population of Maine being so scattered, we have an excuse that many men cannot be spared from certain localities. We have got to have a raking out process, and find out who can be spared and who should be held back, and I hope that this evening some solution will be reached. I expect that you will turn out in goodly numbers, and that you will be well repaid for so doing. As for the President of the

Association, he is not intending to speak at all, but will probably deliver his oration at some more suitable time; at any rate, you can all read it later on in that very reputable sheet, the JOURNAL of the Maine Medical Association. At the same time, there may be an opportunity for me to talk to you. I assure you, however, it will be brief and to the point, and that it will only take thirty-two and one-half minutes to deliver it, for I have read it aloud, and I know just how long it takes.

Adjourned until to-morrow morning at nine o'clock.

Third General Session.

JUNE 6, 1918, 9.00 A. M.

The meeting was called to order by President Spalding.

THE PRESIDENT: I have now the pleasure of calling your attention to a paper on "The Problem of the Tuberculous Child," by Dr. Henry D. Chadwick, Superintendent of the State Sanatorium at Westfield, Mass.

Dr. Chadwick reads.

PRESIDENT SPALDING: Before we open the discussion on tuberculosis, in which I hope you will all join, we will hear the paper on "State Care of the Tuberculous," by Dr. Hardy, of Waterville.

Dr. Hardy reads.

PRESIDENT SPALDING: I am requested to announce that there will be a meeting of the House of Delegates at ten o'clock in the adjoining room.

I am sure we are very glad to have had such excellent papers this morning on this important topic, and I believe that I express the sense of the meeting that our thanks should be given to Dr. Chadwick and to Dr. Hardy for their excellent remarks on tuberculosis.

I have the pleasure of informing you that directly after the discussion of the next paper, which is by Dr. Weston, of Hartford, Connecticut, Capt. Whittier, of the Medical Reserve Corps, will offer resolutions on a subject vitally important to the military service, and action of the full meeting is desired.

I now have the pleasure of calling upon Dr. H. T. Weston, of Hartford, Connecticut, to read a paper on "Indiscreet Remarks by Doctors in Malpractice Cases."

Dr. Weston reads.

PRESIDENT SPALDING: Gentlemen, please do not leave until you have heard from Capt. Whittier, and before Capt. Whittier speaks, I

wish to say just one word. This afternoon the annual oration of the President, long looked for, and which he is very sorry to have to deliver at all, will come off at two o'clock, after the showing of the slides on "Conservation of Vision," so if those who are interested in oratory of the highest type will appear here at two-thirty they may hear something to their advantage. I will inform you that the oration will be short and sweet, and you will not be detained from going home on the afternoon trains after the business is finished. We will now have the pleasure of hearing some resolutions of vital importance from Capt. Whittier of the Medical Reserve Corps. (Applause.)

CAPTAIN WHITTIER: Gentlemen of the Convention:

I submit this resolution in behalf of the Committee on Venereal Diseases and their Prevention. I suppose all of you know that the United States Army and Navy authorities are carrying on a most strenuous campaign against venereal disease in the Army and Navy. It is this strenuous campaign, in part, that makes it necessary to have so many men for the Medical Reserve Corps. It is partly because of the taking up of a large part of the time of the Army and Navy officers that Maine needs one hundred more men at once for the Medical Reserve Corps, and it is because of this need that I have today the application forms for commissions in the Medical Reserve Corps, and I urge each man who is able to see his way clear to enter the Reserve Corps to make out one of these application forms. If he is not able to make out one for himself, I urge him to pass on to his neighbor the invitation to make out such a form.

Now the Army and Navy can control men actually in the service, but they cannot reach people outside of it, and Gen. Gorgas says that venereal disease constitutes the greatest cause of disability in the Army, and that civil authorities are almost entirely responsible for syphilis and gonorrhea in the Army. These are statements of fact coming from Washington from the Emergency Committee for Social Hygiene, that many governors, mayors, and other state and city agencies throughout the country agree to co-operate with the War Department in the fighting of venereal disease, but the facilities at these times are entirely inadequate. Many state and local agencies have no money with which to act. Most legislatures will not meet until 1919, but the need for action is immediate. The men must be reached before they enter the army. The women who are infected must be prevented from spreading the diseases and must receive medical treatment and care. The problem is largely an interstate problem. This is a war measure. It means a cleaner army, a more efficient fighting force; it means the saving of lives and an aid to earlier victory; it means the health of men, women and children after the war. The bill referred to is Senate Bill 4608, and House Bill 12258, to protect the military and naval forces of the United States against venereal diseases. Section 1 creates an inter-departmental Social Hygiene Board, to consist of the Secretary of War, Secretary of the Navy and the Secretary of the Treasury as ex-officio members, the Surgeon General of the Army, Surgeon General of the Navy and Surgeon General of the Public Health Service, and all persons whom the Secretaries of the Army, Navy and Treasury may respectfully designate. The duties of the Board shall be (1) to recommend rules and regulations for the expenditure of monies allotted to the States under Section 2. (2) To select the institutions and fix the allotment for

each institution, under Sections 3 and 4; and (3) to recommend to the Secretaries of the War, Navy and the Treasury such general measures as will promote efficiency in carrying out the purposes of this act.

Section 2 authorizes and directs the Secretary of War and the Secretary of the Navy to adopt measures for the purpose of assisting the various States in caring for civilian persons whose detention, isolation, quarantine or commitment to institutions may be found necessary for the protection of the military and naval forces of the United States against venereal disease.

Section 3 establishes a division of Venereal Diseases in the Bureau of Public Health Service.

Section 4 specifies the duties of the Division of Venereal Diseases.

Section 5 appropriates one million dollars to carry out the provisions of Section 1 of this act; appropriates one million dollars annually for two fiscal years, to be paid to the States for the use of their departments of health in the prevention, control and treatment of venereal diseases; the payment to each State for the fiscal year beginning July 1st, 1919, to be conditioned on the State's raising an equal amount; the payment to the States for the fiscal year beginning July 1st, 1918, to be without such an addition. It provides \$100,000 annually for two fiscal years to be paid to universities, colleges or other suitable institutions, for the purpose of discovering more effective medical measures in the prevention and treatment of venereal diseases. It appropriates \$300,000 annually for two fiscal years, to be paid to universities, colleges or other suitable institutions, for the purpose of discovering or developing more effective educational measures in the prevention of venereal diseases, and for the purposes of psychological research in relation thereto. It appropriates \$200,000 for further work in connection with these diseases. It provides that the term "States" and "State," used in this act, shall include the District of Columbia.

Of course, the amounts mentioned in the appropriation may seem large at first, but when you remember that the war is costing twenty billions of dollars a year, ten thousand times, perhaps, the amount that is called for in this bill, these amounts do not seem extravagant. To the Committee on Venereal Diseases and their Prevention this seems a most valuable bill. The thing that we are up against all the time is a lack of funds, and the consequent impossibility of taking care of people who are infected and who are spreading the infection. This bill provides the funds and will make it possible, I believe, to take care of such people and to prevent the spread of venereal disease.

I wish, Mr. President, to offer the following resolution:

The Maine Medical Association in session at Portland, June 6, 1918, hereby endorses proposed bill, Senate Bill 4608 and House Bill 12258, for the protection of the military and naval forces of the United States against venereal diseases.

VICE-PRESIDENT COOMBS: This subject was brought before the House of Delegates, who felt that it was of such importance that the action of the general body would give it additional weight. We ask you now to take such action as the conditions call for. We are ready for a motion.

DR. SMITH: Mr. President, would it not be a good idea to amend that by saying that a copy should be sent to all our Senators and Representatives?

DR. WHITTIER: I think it would be a good idea. In behalf of the Committee, I have already written to all the Senators and Representatives of Maine. It was my thought to send a copy of this, and I think it would be well to add it to the resolution.

DR. SMITH: I make that amendment.

DR. WHITTIER: I accept the amendment.

DR. THOMPSON: I would like to say a word with reference to the matter of venereal diseases in connection with the resolution, and call the attention of the profession to the laxity of enforcement of already existing laws, and also to call the attention of the profession here to the fact that men going into the service are inspected to a greater extent than men in the regular army or navy who have made their second enlistment. It is absolutely up to us as physicians and as citizens to urge the enforcement of what law we have as to the control of prostitution and nuisances to the best of our ability. I want to refer to a method which I think was first inaugurated in the navy about eleven years ago on the Shanghai Station—the use by the sailor of injection preventives—and to say that it was the declaration of the Medical Director at a meeting of the American Medical Society in Philadelphia that it had proved in the army and navy absolutely ineffective. Not only as physicians, but as civilians, we take an interest in the matter of the enforcement of already existing laws, which, in the State of Maine, are not effectively enforced. The cities of Maine are not active in protecting its civilian population, yet the forces of the army and the navy, and all the forces of our country are dependent on the civilian forces for their material, and it seems to me that that is the thing which must be emphasized from now on—not the correct attitude of the physician and the civilian to venereal disease as it exists in the army, but to the existence of the disease generally, and the methods which are being taken by the civil authorities to restrain the carrying of the disease. I want also to refer to a matter which came to my attention some time ago—a card signed by a member of the profession in this city, in which he certified that a prostitute was, from his examination, free from disease, with his name signed to it. That is absolutely non-sensical, because no man in this assemblage can, by any examination, tell that a woman will be free from venereal disease half an hour after leaving his office.

The resolution as amended then received unanimous passage.

Voted to adjourn until 2.00 P. M.

Fourth General Session.

JUNE 6, 1918, 2.00 P. M.

The meeting was called to order by President Spalding.

THE PRESIDENT: I understand Dr. Warren wishes to send Dr. Gordon a word of encouragement in his illness, and I know we shall be very glad to hear from him. Dr. Warren has the floor.

DR. WARREN: Mr. President: Last night at the banquet, looking over the members who were present, I missed a good many familiar faces. Some of them have gone to the reward which a doctor never gets in this world; others are serving their country. One face in particular which we have seen for so many, many years was not present—one of our members for over half a century and one of the first men I ever knew in the State of Maine—Dr. Gordon. A cloud came over his spirit last year at about this time, and for several weeks life was not a pleasure to him, nor even to his friends. Now the doctor is getting back again to himself. His mind is clear, but his body is not strong enough to be here. Just before I came down he called me up and inquired very particularly about the exercises last evening, and said he would have been here had it been a pleasant day. The doctor is in his eighty-eighth year—one of our oldest men. There is no one in the United States possibly—certainly not in the State of Maine—better known in America and England than Dr. Gordon. I think it would be a nice thing for the Secretary of the Association to send the doctor a letter of congratulation that he is himself once more, and good wishes for the future, and, if agreeable to you, I would like to have you direct the Secretary to do that.

CHAIRMAN COOMBS: Dr. Spalding asked me to do this, and so I will ask this Association, by a hand vote, to agree with Dr. Warren that the Secretary be requested to write a note to Dr. Gordon congratulating him upon his return to good health, and hoping that he will so continue for many years to come.

DR. BRYANT: Mr. Chairman, would not that come more gracefully from the President, who knows him so well? He would be delighted to do it, I know.

DR. WARREN: Make it official from the Association.

Dr. Warren's suggestion, being put in the form of a motion, was unanimously adopted by the Association.

President's address.

DR. WARREN: Mr. President, I think the thanks of the Association ought to be tendered to Dr. Spalding for his remarkable

address. That means hours and hours of hard work; and I move you, sir, that the thanks of the Association be tendered him for his valuable and remarkable paper.

Dr. Spalding was accorded a rising vote of thanks by the members for his address.

REPORT OF THE NECROLOGIST

Few members have died during the year, although by many a large list was feared owing to threatening dangers of the war. Fortunately, not a single member serving for the cause of liberty has suffered death except our highly considered and very promising member from Westbrook, Dr. Coombs. He died as the result, however, of an accident, and due mention has already been made of him in the columns of the JOURNAL. Brief notices of other comrades have already appeared, and in due season a kind word or two shall be said concerning them all.

Our list for the year 1917-18 reads then as follows:

Andrew Allen Brown, formerly city physician at Bangor, died in Arizona.

Wyvern Almon Coombs, patriot, Westbrook.

Ernest Albert Cranston, once city physician, Calais.

Frank Herbert Gardner, Portland.

William Peter McNally, excellent general practitioner of medicine, Bangor.

George Hosley Shedd, famous in surgery and medicine, North Conway, New Hampshire.

Walter Darwin Williamson, surgeon to the Maine General Hospital, a high minded, conscientious practitioner of medicine, Portland.

JAMES A. SPALDING, Portland, *Necrologist*.

DR. BRYANT: Mr. President, and Members of the Association: The House of Delegates and the Council have held three meetings, and at those three meetings have transacted the usual business, of which I will give an abstract.

The Secretary's report shows that there has been a falling off of 37 members. Up to the first of June there are 688 members, while last year there were 725.

In the report of the Treasurer, June 1st there was in the treasury \$2,841.00 and all the bills of last year are paid; all the old bills outstanding have been paid.

In connection with the JOURNAL I may say this: From the \$700 appropriation there is left about \$200 in the treasury. The JOURNAL is getting nearly self-supporting. In connection with that I will give you the report of the Budget Committee, as follows:

We have appropriated for Dr. Whittier's Committee on Venereal Diseases, \$25.00; President's expenses, \$25.00. For the JOURNAL we have appropriated \$700, because we did not know what might come up. What is not used will come back into the treasury. We appropriated for the Legislative Committee not over \$300 for expenses,

clerk hire, etc., needed at the next session of the Legislature. Salary of the Secretary and Treasurer, \$100.

The Committee on Nominations report as follows:

<i>First Vice-President,</i>	JOHN STURGIS, Auburn.
<i>Second Vice-President,</i>	CHARLES W. BELL, Strong.
<i>Secretary and Treasurer,</i>	B. L. BRYANT, Bangor.

COUNCILORS.

First District,	JOHN F. THOMPSON, Portland.
Second District,	E. V. CALL, Lewiston.
Third District,	BYRON F. BARKER, Bath.
Fourth District,	OLIVER W. TURNER, Augusta.
Fifth District,	W. N. MINER, Calais.
Sixth District,	CHARLES H. BURGESS, Bangor.

COMMITTEES.

Scientific Work. E. W. Gehring, Portland; E. G. Abbott, Portland; A. P. Leighton, Portland.

Public Policy and Legislation. D. A. Robinson, Bangor; T. E. Hardy, Waterville; S. J. Beach, Augusta.

Veneral Diseases. F. N. Whittier, Brunswick; A. L. Stanwood, Rumford; R. A. Holland, Calais.

Necrology, J. A. Spalding, Portland.

Cancer. F. W. Mann, Houlton; B. B. Foster, Portland; H. E. Thompson, Augusta.

Delegate to American Medical Association. J. A. Spalding, Portland; B. L. Bryant, Bangor, alternate.

Visitors to Bowdoin Medical School. G. M. Woodcock, Bangor; J. S. Sturtevant, Dixfield.

Delegate to National Council on Medical Education. G. M. Woodcock, Bangor.

Delegate to National Legislative Council. T. E. Hardy, Waterville.

Chairman Committee on Public Health Among Women. Lucinda B. Hatch, Portland.

Health and Public Instruction. Doris M. Kraus, Augusta; Charlotte F. Hammond.

Committee to Represent Maine at the State Anti-Tuberculosis Meeting. R. N. Knowles, Bangor; alternate, F. J. Welch, Portland.

Visitors to the State Sanatoriums for Tuberculosis: F. J. Welch, Portland; W. N. Spear, Rockland; L. G. Bunker, Waterville.

Voted that the report be accepted.

PRESIDENT SPALDING: All the officers have been chosen except the President. Who nominates the President?

DR. SMITH: It is done from the floor.

DR. SAWYER: Mr. President, a few years ago I thought it was understood before the time of nomination that a certain man would be nominated, but when the time came somebody else was nominated. He was a worthy member and I let it go at that time, but I think the time has now arrived when the man whom I refer to should be elected President of this Association. He does not need any eulogy from me; you all know him. I would now nominate Dr. Addison S. Thayer.

DR. THAYER: Mr. President, this is a complete surprise to me, and I cannot stand for it at all. For one thing, I feel that the City of Portland should not have a monopoly on the Presidency of this Association. We have been getting our President from Portland to satisfy our local pride, and we have had splendid representatives from our city. Now here is a situation like this: We are supposed to know a good thing when we see it and a good man when we see him, and our First Vice-President has shown marked ability to serve us in the higher capacity. I see no special validity in the kind remarks of Dr. Sawyer, and I want to make a nomination; nobody has asked me to, but I want to do it on my own responsibility. The splendid service that has been rendered us by our acting President for a part of the time—although Dr. Spalding has done as President what no man ever did before, and has, I think, pleased us in every way—the splendid work in backing up Dr. Spalding that Dr. Coombs has shown to us moves me to express what I know to be the feeling of many members of this Association, that we should ask him to accept the honor of the Presidency, and I will ask you, Mr. Secretary, to accept the nomination of Dr. George H. Coombs, of Waldoboro.

DR. HART: Mr. President, and Gentlemen of the Association: I have for years been acquainted with the nominee of the convention, and I really feel that it is impossible to add anything to what has been said by Dr. Thayer, so in behalf of Knox County I second the nomination.

SECRETARY BRYANT: You have heard the motion, and you have heard it seconded. What is the pleasure of the house?

DR. THOMPSON: I move that the Secretary be instructed to cast the ballot of the society for Dr. Coombs as President for the coming year.

The motion was agreed to, the Secretary performed the duty assigned him, and Dr. George H. Coombs was unanimously elected President for the ensuing year.

DR. COOMBS: Gentlemen, I thank you very much for this honor, and I wish to say just one word. We are up against a proposition that never has before confronted us. Two committees have been

appointed to whom the most delicate duties have been assigned. On their behalf I am going to ask each member of this Association to relieve them from those duties so far as possible by making the decision of which class, first or second, they come into in this war work. The third class, which Dr. Dickinson mentioned last night, I am sure no member of this Association will enter. I thank you. (Applause.)

DR. SPALDING: Gentlemen, I am very glad you have nominated Dr. Coombs for the Presidency. I think he is a very excellent man. His work in Knox and Lincoln counties, as well as his work for the war and the Red Cross, has been something remarkable, and I am sure that he will put into the Presidency of the Association the same energy that he has shown with reference to the war work. This war is not going to be done this year, and we want a smart man at the helm so we can make some progress.

DR. THOMPSON: Mr. President, I would like to say something that ought to have been said before, and that is with reference to the expenses which the President is obliged to bear in visiting the various sections. It has been the custom of late years for the President to visit the various county societies, and that is the only way that he can know personally the workings of those societies. He is obliged to do that at some expense, but with a society the size of this, and especially as we have at the present time some funds in the treasury, it seems to me that it would be most advisable for this society to guarantee the traveling expenses of the President during his visits to the different county societies, and I move you, Mr. President, that that course be adopted.

DR. WARREN: Mr. President, I think that is a very proper thing to bring up at the present time. It is not fair for the President of the Maine Medical Association to go around and make the visits he has to make at his own expense. I know when I had the honor of being President of this Association that it was quite a large bill that was incurred in visiting the different county societies, and I am sure it is no more than fair that the Association should pay the expenses so incurred by the President, and I am very glad to second Dr. Thompson's motion.

DR. BRYANT: Twenty-five dollars is turned over to the President for expenses.

DR. WARREN: It isn't enough.

DR. BRYANT: No, I don't think it is.

PRESIDENT COOMBS: It is moved and seconded that this Association pay the necessary traveling expenses of the President incurred

in visiting the county societies. Before that motion is put to a vote I would like to say this: For the next President that is all right. Personally I feel that I would like to assume the ordinary expenses. When the year's work is done, if this is more because of the war work than seems right, I would be very glad to put a bill in for auditing.

The motion to pay the expenses of the President in traveling was then unanimously passed.

Voted that the thanks of the Association be expressed to the proper authorities for the use of the rooms in the City Building during the convention.

Adjourned.

SOME FACTS ABOUT YEAST.

The subject of yeast is of importance because, first, as has been pointed out in an editorial article in the *Journal of the American Medical Association* (*Journal A. M. A.* 1916, lxiv, 1390), it possesses a distinct nutritive value, and because, secondly, it possesses therapeutic qualities. It is about some of the forms of yeast and their therapeutic properties that we wish to write. The matter of yeast treatment has recently received impetus as the result of the publication in the *Journal of the American Medical Association* (Oct. 13, 1917) of an article by Dr. Philip B. Hawk and collaborators, which represents work done in the Laboratory of Physiological Chemistry of the Jefferson Medical College, and the Philadelphia General Hospital, both of Philadelphia, and the Roosevelt Hospital, New York.

1810 Calories Per Pound

Oats yield 1810 calories per pound. Meats, fowl and fish average about 750 calories per pound.

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White bread, pound for pound, is but 41 per cent as nutritious as oats. And wheat must be conserved.

Oats are rich in minerals. With milk, they form a complete food.

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Hawk and his colleagues obtained strikingly good results from the use of yeast in many pathological conditions, especially the purulent skin conditions such as acne and furunculosis and in constipation. That they did so is not at all surprising, for yeast has always acted well in these skin conditions, as is well known. Hawk mentions that yeast has been used in medicine since the days of Hippocrates (who used it in the treatment of leucorrhea); not, however, until the middle of the nineteenth century, was its use looked on favorably by the medical profession. Since then its value has been attested by numerous observers, who have employed it in a variety of pathological conditions. Its value in certain skin conditions has been freely acknowledged by dermatologists. For instance, Schamberg has seen good results from its use in the treatment of ordinary furunculosis (*Diseases of the Skin and the Eruptive Fevers*, 1915), although it failed him in the furunculosis accompanying small-pox.

Hawk's researches are novel in that he employed as a therapeutic agent not the time-honored brewers' yeast, but the familiar Fleischmann's yeast of the bakeries and the household. This is the first time, it seems, that bakers' yeast has been employed systematically as a therapeutic agent, although Louvel (*Rennes Med.*, 1905-6, — fasc. 10, 16-19), seems to have used it in the treatment of sundry infectious diseases, and according to Cailliau (*These de Paris*, 1908) it was used in 1896 by De Backer, who mixed it with equal parts by weight of white honey, and who, having used it thus in the treatment of furunculosis, considered that it was more active and better supported than ordinary yeast.

That brewers' yeast should have been used in the past is not at all surprising when we call to mind that, in all probability, in modern times at least, it was extensively used and tested by the employees of breweries, who found it readily accessible. A special virtue seems to have attached to brewers' yeast, probably from this reason. For instance, the yeast specified by Schamberg (*loc. cit*) is fresh brewers' yeast, and the U. S. Pharmacopœia of 1876 defines yeast (*fermentum*) as "a peculiar insoluble product of the fermentation of malt liquors." It was dropped from the Pharmacopœia of 1880, and has since remained unofficial. The U. S. Dispensatory (Remington and Wood) of 1918 describes it as a "flocculent, frothy, somewhat viscid semi-fluid of a dirty yellowish color, a sour vinous odor and a bitter taste." Suffice it to say, the appearance of brewers' yeast is not at all familiar to very many physicians, one reason being that it is not immediately available, except in some large cities. In country districts that are remote from breweries, the use of brewers' yeast is attended with serious difficulties.

Compressed yeast, the undried product, is readily obtained and there is no reason why it should not be largely used.

The National Formulary, 1916, under the term "Cerevisiæ Fermentum Compressum" recognizes compressed yeast and describes it as follows: "The moist, living cells of *Saccharomyces cerevisiæ* Meyen (Fam. Sacchyromycetaceæ) or of other species of *Saccharomyces*, combined with a starchy or absorbent base. White or yellowish-white, soft, and easily broken masses, having a characteristic slightly sour odor, and not more than a faintly acid reaction to litmus. When examined under the microscope, numerous oidium and mycoderma cells and starch grains are visible. Compressed yeast must not be used unless fresh, and free from mildew and musty odors." Sadtler (Industrial Organic Chemistry, 1900) has also given a good description of compressed yeast: "It should be only slightly moist, not sloppy to the touch; the color should be a creamy white; when broken it should show a fine fracture; when placed upon the tongue it should melt readily in the mouth. It should have an odor of apples, not like that of cheese; neither should it have an acid taste or odor."

A certain disadvantage of fresh brewers' yeast in therapeutics has been mentioned, *i. e.*, its non-availability. Certain other objections to its use readily come to mind, among them being the fact that as a rule it is decidedly non-uniform, both as to composition and as to action. We would readily suspect this when we recollect that in the yeast of the breweries two well-marked varieties of *Saccharomyces* have been recognized;



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(1941)

Importance of Bakers' Yeast

THE most valuable contribution yet made to the subject of yeast therapy is to be found in recent researches of Philip B. Hawk, Ph. D., Jefferson Medical College, and associated physicians.

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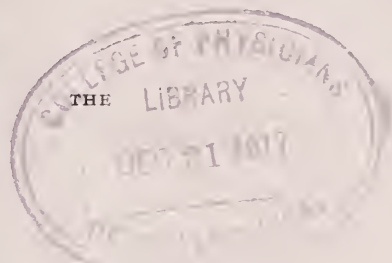
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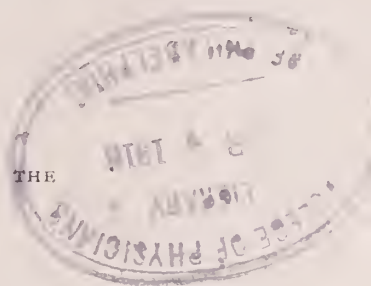
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Maine Medical Association meets at Portland, June, 1918

THE JOURNAL

OF



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

VOL. VIII, No. 8

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